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IDEAS OF PROPHETIC MISSION

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In a recent account of his experience as a psychiatric consultant to the Garrett Biblical Institute,[1] Dr. Carl Christensen states that candidates for the ministry who lay claim to special calls are suspect in his eyes. Such calls he explains in terms of a "weak ego." He regards them as indicative of mental illness so serious that such persons should seldom be encouraged to proceed with the training course. In this opinion Dr. Christensen reflects a common medical view, but it is of special interest as coming from the psychiatric consultant of a Methodist seminary. Some of us can remember the time when dramatic conversion experiences and special calls to the ministry were highly esteemed among our Methodist brethren. This view is of especial interest to me as one who must plead guilty to just such a call. Not only that, but my own call was attended later on by a severe psychosis. I have often wondered what would have happened to me if Union Seminary, fifty years ago, had been psychiatrically sophisticated. Fortunately for me it was not. I was not screened out, and the years I spent within its walls I count among the happiest and most profitable of my career. Hence the question which I am raising in this paper: In the light of thirty-five years of service as a mental hospital chaplain, what would I say if I had been called upon fifty years ago to pass judgment upon myself as a candidate for admission to a school for the ministry?

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[1]Carl W. Christensen, "The Role of the Psychiatric Consultant to a Seminary," *Journal of Pastoral Care,* IX (1955), No. 1, 1-7.

I may begin by agreeing with Dr. Christensen, at least in part. I recognize that many, perhaps most of those who lay claim to a divine call, are or have been mentally sick, and that those of them who have rebuilt their lives upon that claim are likely to be hard to live with.

Where I differ from the prevailing view is in my interpretation of their sickness. I see them in their acute phases as representing a type of disorder which is closely related to religious experience and should be sharply contrasted with the rank and file of mental hospital cases. The latter are commonly persons who make and accept some malignant adaptation to defeat and failure. They escape into alcohol. They indulge in erotic phantasy. They become bitter and suspicious. They maintain self-respect by blaming others or by developing an organic scape-goat. Their's is a chronic character difficulty. Such persons seldom show religious concern and their chances for recovery are poor. Those, on the other hand, in whom calls to the ministry are most likely to be found are persons in whom the better self has been struggling so desperately for possession that they become temporarily disordered. In that struggle they are likely to feel themselves face to face with ultimate Reality. Their eyes may be suddenly opened to their undreamed-of importance, and great responsibility seems laid upon them. In such periods religious concern is much in evidence and the creative forces are exceptionally active. So also are the forces of destruction. They are periods of seething emotion which tend either to make or to break. As such they are analogous to fever or inflammation in the body. They may thus be regarded as manifestations of the power to heal and closely akin to the conversion experience so well known in the history of the Christian Church since the days of Saul of Tarsus. With such experiences they form a continuum in which the degree of freedom from malignant tendencies and the value of the results achieved become the significant variables.

I therefore agree with Dr. Christensen that those who undergo such experiences are sick, sometimes very sick. They may even be sick enough to receive the label, "schizophrenia, catatonic type," and the outlook for recovery may indeed be very grave. But that does not alter my conviction that such experiences have religious significance. May it not be that the divine is nearest when the struggle is keenest and that the call to preach which comes so frequently under such conditions has a significance and a validity which needs to be reckoned with?

Most students of religion will probably agree that vital religious movements begin with experiences which are interpreted as communication from a superhuman, divine source. They arise generally under the stress of crisis situations when the individual feels himself faced with the ultimate issues of life and is forced to do fresh and creative thinking. The religionist speaks of such experiences as "inspirations," or "revelations" and ascribes to them a greater or less degree of authority. But the suggestion that there was anything in common between these "inspirations" and the phenomena of pathology would be likely to fill him with horror.

The psychiatrist has probably the greatest opportunity to become acquainted with such phenomena, but he has seldom seen them in their true significance. He calls them "voices," or "auditory hallucinations." According to his observation they are most in evidence among his acutely disturbed and disorganized patients. He explains them in terms of repressed and dissociated wishes, or impulses, and he assumes that their presence is evidence that the personality is in process of disintegration. There is seldom a psychiatric interview in which the patient is not questioned directly or indirectly as to whether or not he "hears voices," and if he says, "Yes," he is likely to be labeled "schizophrenic" and given a gloomy prognosis.

It has long been my conviction that the phenomena of "voices" furnish the best key to the understanding of those complex disorders which are grouped together under the name of "schizophrenia." I have therefore made it my business to talk with many patients who were said to "hear voices." I have found that, if left to themselves, they will describe the experience in different ways. The commonest term is *voices,* but most patients make a sharp distinction between such *voices* and those they hear with their ears. Here are a few examples:

Patient 1: "I heard a voice which seemed to be God's voice, and words from the Bible came into my head. I had an idea so big that it just carried me away and I ran out into the street in my underwear. No, I didn't exactly hear anything. It was just like when you sit and think. Something comes to you."

Patient 2: "I began to get directions. Ideas came to me. The greatness and the allness of it drove me goofy."

Patient 3: "I began to have a flood of mental pictures as though an album within were unfolding itself. Communications came to me from out of the ether. I felt as though I were being directed by some one higher than myself."

Patient 4: "I had to give up work and sit around and brood. Then ideas came to me. I didn't have to search for words. It was just like I was commanded to say certain words I had never heard of before."

Patient 5: "I got the inspiration to write poetry. It just seemed to flow without my trying. There weren't any voices. Ideas just came to me. I got up one morning at five and wrote my first poem."

Patient 6: "I got inner pushes."

Patient 7: "I got such funny thoughts. Things just popped into my head."

Patient 8: "It was shown to me that I should take the name of Jesus."

Patient 9: "I can't explain it. It was just the way I felt. It came to me as a revelation in a dream."

Patient 10: "It seemed as though something were controlling me. Words formed themselves within my mind and I found myself

talking about the coming Day of Judgment and about the necessity of fleeing from the wrath to come."

I could give other instances, but these will be sufficient to indicate that the psychological process involved in the schizophrenic's *voices* is not confined to mental hospitals and that it is, in fact, identical with the *inspiration,* or *verbal automatism,* so frequently encountered in religious experience and in the creative operations of the human mind. As such it may be explained as an idea, or thought formation, which after a period of incubation in the region of dim awareness leaps suddenly into consciousness, so vividly, sometimes, that it is ascribed to a superhuman source. It is a mechanism which is common to poets, to inventors, to creative scientists and, according to Professor Coe, it is the primitive root of all mystical experience from spiritism to religious ecstasy at its best.[2]

Professor Eliot Dole Hutchinson has described this "dynamism" as among the phenomena of "insight." His words are worth quoting:[3]

> The scientist, the artist, the practical thinker—the profession makes little difference—has before him a problem involving some explicit production or decision in life situations. For months, or it may be for years, this problem remains unsolved, this creative intention unfulfilled. Attempts at solution have ended only in bafflement. But suddenly, usually in a period when the work has been abandoned temporarily, or when attention has been absorbed by irrelevant matters, there comes an unpredicted *insight* into the solution. As if "inspired," or "given," ideas arise which constitute a real integration of previously accumulated experience—an answer, a brilliant hypothesis, a useful 'hunch,' forming, it seems, a short-cut to artistic or scientific advance. Exhilaration marks such moments of insight, a glow or elation goes with them, a feeling of adequacy, finality, accomplishment.

Professor Hutchinson goes on to point out that the distinction between religious and scientific or artistic insight is to be found in the nature of the problem which is at the focus of attention. In the case of the artist, and especially of the scientist, the new insight will pertain to something which can be more or less readily verified by others and fitted into the structure of organized and tested experience. In the case of the mystic, on the other hand, the new insight is likely to be intimately personal and have to do with his own role in life. It is therefore not readily subject to verification and it arouses tremendous affective reactions.

The profounder struggles of the human soul, in which mystical experiences so often appear, begin usually with a period of preoccupation and sleeplessness, during which the sufferer is intensely concerned about his own role. There is a narrowing of attention which is conducive to creative mental

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[2]George A. Coe: *Psychology of Religion;* University of Chicago Press, 1916, Chap. 16.

[3]Eliot Dole Hutchinson, "The Phenomena of Insight in Relation to Religion," *Psychiatry,* V (1942), 499.

activity, but unfavorable to cool and balanced judgment. Perspective is therefore lost and wide limits are set to the validity of inner promptings. It is therefore not to be wondered at that such states of mind are fertile in new ideas growing out of what may be on the patient's mind.

The ideas which present themselves in such disturbances are a bewildering array. They are seemingly meaningless and most of them may actually best be explained as due to the play of imagination when the brakes are off and the mind is stirred at its deeper levels. But some of these ideas are recurrent, common to many cases and probably to all cultures. Such is this idea of prophetic mission, the "call to preach." It appears in case after case along with ideas of death, of world disaster, of rebirth, reincarnation and cosmic identification.[4] Where we find one of these ideas we are likely to find the others also. Nearly all such patients show profound religious concern and a relatively large proportion make good recoveries.

Is there any special meaning in these recurrent ideas? I think there is. Their basis may be found in the structure of human nature and in the significance of the acute schizophrenic disturbance. The idea of world disaster thus represents death or failure of the individual in its more far-reaching ramifications. The idea of rebirth stands for the hope of a new beginning which so often accompanies death or tragic loss. The sense of cosmic identification reminds us that we are social beings, each one important beyond his wildest dreams. These ideas, coming as they usually do in the form of voices or revelations, offer a solution of the problem on the patient's mind, that of his own role, and the predominance of such ideas, when free from malignant trends, such as hostility and fault-finding and transfer of blame and crude eroticism, means usually that the healing forces are at work, that hidden difficulties are being brought to light and that the sufferer is striving earnestly to face what for him is ultimate Reality.

Among these recurring ideas that of the call to the ministry seems especially significant. It may be recognized as a true insight which comes to the disturbed person who is honestly trying to answer the question, "Who am I? What am I in the world for?" That answer is that we exist, each one, not for himself alone but for the sake of humanity and of humanity's God. In the sense of prophetic mission and the willingness to give one's life for the great Cause, lies the basis of all vital religion. In such prophets and their followers we may see religion in its creative stages. They are persons who have taken their religion in earnest. With all their crudities we may see in them provision for the re-creation and perpetuation of religious faith and we may trust the social process and their own critical judgment to sift out the superior from the inferior beliefs.

Any candidate for the ministry who laid claim to a special call would command my serious and sympathetic consideration. If I should see in him

[4]A. T. Boisen: *Exploration of the Inner World;* Harper and Brothers, New York, 1952, Chap. 1.

features which seemed to me pathological, that mere fact would not rule him out. I should not, however, be easy on him. Here are some suggestions which might guide me in my decision. I offer them for what they may be worth:

1. I would neither accept or reject a candidate on the basis of some purported "call," but upon his ability to measure up to the school's standards.

2. I would condition his admission upon his readiness to accept the guidance of a competent counselor and to abide by the social judgment of some recognized group.

3. My Protestant up-bringing inclines me to believe in a sanctification of the secular which would turn religious zeal into the service of this suffering world and lead to a broader interpretation of the "call to preach."

4. I would want to be sure that the candidate's motives were not contaminated with self-regarding ingredients and that the readiness to be called was balanced by an equal readiness to be denied the call.

5. I would consider his potentialities rather than his past record, his tomorrows rather than his yesterdays, what he is striving to become rather than what he now is.

6. I would take careful account of his reaction to frustration, not hesitating to change a negative decision if he accepted it in really fine spirit.

THE CLINICAL APPROACH TO RELIGION

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Modern scientific psychology is usually dated from the year 1879 when Wilhelm Wundt founded his psychological laboratory in Leipzig. At the same time William James was setting up instruments in a room provided by Harvard University for psychological experiments. It was here that G. Stanley Hall completed the first American Ph.D. in psychology in 1878 with a laboratory dissertation on the muscular perception of space, before going to Leipzig to be Wundt's first American student in the new laboratory. Returning to America, Hall established a psychological laboratory at Clark University and gathered around him a number of students in experimental psychology who conducted empirical studies of religion.

From these beginnings the psychological study of religion has continued to the present time. In America, where experimental psychology has flourished and psychometric devices are multiplying, new methods of observing and classifying religious behavior are employed with great ingenuity. In this crescendo of scientific optimism there have been high hopes that important knowledge about religion could be won by reducing it to exact quantitative measurement. "Whatever is can be measured," we are told. Yet we must seriously question the significance of these statistical studies. They fragment the person into abstract and artificial segments, which, though convenient for "scientific" treatment, are merely constructs in the mind of the observer.

It is quite possible to quantify any thing, as these scientists contend. Any mass which extends in space or any process which continues through time can be measured and segmented into quantitative units. Yet man is more than a thing, and the most significant aspects of his life are in quality more than in quantities. His *extension* in space and time is not so important to him as his *intention*. To comprehend a person we must ask why as well as how. Why does he behave as he does and what does life mean to him? Apart from motive and intention human behavior is unintelligible. It is no accident that experimental psychology has employed mechanical models, for when you take a purely external view of man you can only observe him going through the motions like any other machine.

This distinction between extension and intention is crucial for the understanding of religious behavior. Those who least understand religion are those who approach it from the outside by external observation. To the

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uninitiated observer the elaborate ceremonies or even the simple behavior of a religious person in daily life are quite mysterious and incomprehensible. To a stranger the Catholic Mass is a puzzle because he does not know why the priest and congregation are going through such motions. To the Catholic the behavior of religious Quakers who sit together in silence may be just as unintelligible. Chinese house servants who observed the behavior of Christian missionaries offering thanks at mealtime reported: "First they smell of the food, then they grumble a bit, and finally they decide to eat it." No matter how plausible such explanations may appear to the external observer, they are misleading precisely because they do not comprehend the inner meaning and intention of the religious behavior.

Is there not some deeper penetration by which psychology may understand religion? There is the clinical approach used by medical scientists and therapists bringing together the results of many investigations into one perspective. William James offered a clinical approach to religion in contrast to the experimental in his *Varieties of Religious Experience,* published in 1902.[1] As a medical graduate and physiologist, he was interested in the behavior of the individual as a whole, including his religious experience. He was well acquainted with the experimental methods, but he saw their limitations whether to gain precision or to establish proof, for they only support assumptions and probabilities. He distrusted crowds and popular averages, which do not have the unique flavor of personal life. He employed case studies to understand what religion means to the individual. He found exceptional mental states and intense religious devotion more significant than the sober behavior of those for whom religion was only a dull habit.

In calling himself a radical empiricist he insisted that nothing is so important as concrete personal life. The moments of living awareness are not secondary but primary evidence in their own right, and these he would respect for their testimony of invisible realities. He studied the original experience of religious geniuses, and was not dismayed if they, like many other geniuses, showed symptoms of nervous instability, psychical visitations, exalted emotions, or periods of melancholy, for he recognized that these pathological features had helped to give them their religious authority and influence. James found persons most alive at times of crisis as they entered into turbulent emotional conflicts to find the meaning and direction of life. For him the religious concern was as deep as life itself, and the realm of the subconscious was included in his study of the dynamic struggles for a saving wholeness that will unify the self-defeating divisions of life.

It may be noteworthy to see William James in contrast to his European contemporaries, Sigmund Freud[2] and Carl G. Jung,[3] who have also made clinical studies of religion. They too have focused upon the conscious-

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[1]New York, Longmans Green & Co.
[2]Sigmund Freud: *The Future of an Illusion;* London, Hogarth Press, 1928.
[3]Carl G. Jung: *Psychology and Religion: West and East;* New York, Pantheon Books, Inc., 1956.

unconscious forces within individuals struggling through conflict for larger wholeness. They too might be called radical empiricists in their desire to consult the evidence of personal experience and analyze the symbolic and hidden meaning of such data for the larger intentions of life. They also have employed case studies from which they have derived and supported far-flung theories. Yet they come out at different exits and arrive at quite other conclusions.

Freud reduces the psychology of religion to the conflicts of the child with his father and the search for restoration of a broken relationship. Jung reduces religion to a remote racial unconscious whose ancestry goes back millions of years. While Freud internalizes and intensifies religion as a projection of the personal unconscious, Jung externalizes and extensifies it as a projection of the collective unconscious whose archetypes are symbols of timeless meaning. Yet both Freud and Jung agree with James in finding the religious quest to be a search for wholeness, which the finite person will need in a personal and universal sense.

The most striking contrast, however, is that Freud and Jung are determinists who see man as a victim of forces within or beyond him, while James argues that man has freedom to choose among alternatives which way he will go. In this respect James is more congenial with two other psychiatrists, J. L. Moreno[4] and Viktor E. Frankl,[5] who uphold the central importance of human freedom.

There may have been a time when clinicians were inclined to deal with the patient as a mechanism in a closed energy-system apart from values. But it is increasingly recognized today that such theories are abstract and fictitious, that every man in fact seeks to live by values. Psychiatrists at this moment in America are particularly interested in a clinical approach to religion and to human existence as a whole, which will give clearer light upon what man persistently seeks at the center of his being. It is equally significant that religious leaders are now interested in psychiatry and the clinical approach to human life.

This has led to a recent development known as pastoral psychology, which has emerged from the clinical training of pastors and theological teachers. A pioneer in this clinical pastoral psychology is the Reverend Anton T. Boisen, who in 1925, following an acute mental illness, became the first full-time clinically trained chaplain in a mental hospital. He writes of his illness and research in *The Exploration of the Inner World: A Study of Mental Disorder and Religious Experience* (1936).[6] As he sees it, acute mental illness is a crisis which, like religious conversion, is an attempt at reorganization. If the attempt is successful the person is relieved of a sense

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[4]Jacob L. Moreno: *Who Shall Survive?;* Beacon, New York, The Beacon House, (1934) 1953.
[5]Viktor E. Frankl: *Ärztliche Seelsorge;* Wien, Franz Deuticke, 1946. Published in English as *The Doctor and the Soul;* New York, Alfred A. Knopf, 1956.
[6]New York, Harper and Brothers, (1936) 1955.

of isolation and is brought into harmony with a hierarchy of values. By his research in the hospital Boisen found a panic reaction more conducive to recovery than other types such as self-deception or drifting. He concludes that mental illness is actually a problem-solving approach to life, an effort to resolve intolerable conflict, to break up rigid defenses, to find unification and new perspective. In this way the suffering may be remedial and the illness not necessarily evil, but a purposive effort to come through a crisis to higher unification.

As he found in the hospital a strategic opportunity to understand persons in crisis, he invited theological students to live in the hospital and bring a pastoral ministry to the patients. In their baffling experiences these young pastors turned to clinicians of other professions to consider the nature of these emotional distresses and how to deal with them. Other hospitals have called full-time chaplains, and by 1960 thousands of ministerial students have engaged in clinical pastoral training. The clinic has proved to be a human laboratory of great potentiality, and to study here in face-to-face relationships with patients and other professions has brought a new dimension into theological education. In this existential confrontation of human crises, students have been learning both to understand and to serve the needs of human life in religious devotion and perspective.

Since 1930 there has come a growing stream of American publications in pastoral psychology. Books and journals have been widely read, new courses have been introduced in theological schools, and professional societies have been formed to consider major issues in the theory and practice of pastoral psychology. Other professions are showing interest in the relation of religion and health, ready to attend conferences and join in such conversations. The American Psychiatric Association and the American Psychological Association have both given a large place to religion on the programs of recent annual meetings. There is now a strong Academy of Religion and Mental Health to coordinate the work of many faiths and professions in looking at the whole man in larger awareness of his distinctly human qualities.

How will psychology and psychiatry affect the work of the pastor? The role of the pastor is not his own invention, but a calling to which he responds. His vocation is formed by the expectations of the community which he serves. In the United States more than 50 per cent of the people are actively related to churches and synagogues, and many of them look to pastors for counsel. They turn to the pastor as he represents the concern of the religious community for each person. They expect from him unfailing interest, unselfish devotion to their well being, and understanding of their inner needs and feelings. He is expected to stand by them in illness and death, to help them meet crises, and to bless them at times of rejoicing such as at marriage and childbirth.

No pastor can avoid becoming a counselor unless he turns his back

upon these requests and denies his vocation. Yet to meet these requests in the complexities and dilemmas of our time calls for more knowledge and skill than have formerly been required. The professional education of the minister must now provide a psychological understanding of man and how to minister to his deepest human need. A recent survey conducted in 1958 shows that all 72 of the schools accredited by the American Association of Theological Schools offer instruction in pastoral psychology and counseling.[7] Many of them are requiring clinical training with individual supervision in pastoral care.

If we ask what is the goal of pastoral counseling, we must recognize that the pastor pursues his vocation in a religious context. Consequently, pastoral counseling is concerned to find the ultimate meaning of life, and to help each person to see his own responsibility in reference to that larger purpose. The presenting problems may vary as widely as the whole range of human perplexities. There will be conflicts in marriage and family to resolve; there will be health problems and limitations to face; problems of doubt and faith or anxiety and guilt; problems of aspiration and growth, of vocation and destiny. But the goal of pastoral counseling will always press beyond the local distress to the ultimate meaning of life for the one who is asking how to decide.[8]

Viktor Frankl calls this search for the meaning of existence *logotherapy,* which he finds necessary to supplement other therapies. His concept of man as one who seeks a meaning in every moment of existence and his work which he calls a medical ministry to man in his suffering have come to the attention of pastoral psychologists in America.[9] A number of them are coming to Vienna to study with him as one who speaks to our need and offers a therapy which is appropriate for the pastor. If modern man is suffering most deeply a loss of meaning and purpose by which to live, and if this leads to boredom, escapism, conformity and despair in our time, it should be clear that to heal this sense of lostness is as much the task of religion as of psychotherapy.

It is my conviction that such healing of existential frustration is a frontier urgently calling the religious pastor. For the religious quest is at heart a search for the ultimate meaning and responsibility which we are to fulfill. If a person is to endure the stresses of life with courage and wisdom, he will need a meaning greater than pleasure or power or self-actualization. He will seek an ultimate goal that is both universal and personal, that is actually beyond him and yet is calling him to respond.[10]

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[7]Dugald Arbuckle and William Atwood conducted this study in 1958. The unpublished manuscript is available at Boston University School of Theology.

[8]Seward Hiltner: *Pastoral Counseling;* New York, Abingdon Press, 1948. See also many articles in *The Journal of Pastoral Care* and in *Pastoral Psychology.*

[9]Viktor E. Frankl: *The Doctor and the Soul.* See also "The Will to Meaning," *The Journal of Pastoral Care,* XII (1958), 82-88.

[10]Paul E. Johnson: *Psychology of Pastoral Care;* New York, Abingdon Press, 1953.

When earnest seekers come to a pastor asking for counsel he is not the one to give them a tranquilizer or a soothing syrup, but he is the one to awaken in the midst of adversity a clear sense of personal responsibility to be faithful in upholding the meaning of life.

There are dangers, to be sure, in the joining of clinical and pastoral therapies. Will the pastor forsake his unique contribution as a religious counselor to take the role of a lay analyst, attempting to do the work of a psychiatrist without the medical preparation to do so? Or will the pastor be seduced by the medical materialism and determinism which have so often infected the naturalistic philosophy of science? The clinical professions have been influenced by a psychoanalytic view of man, which reduces the spiritual longings to instinctual drives and binds man's freedom in chains of genetic causation.

Yet there are free spirits in the clinic as well as in the chapel who do not bow to such determinism. There are neurologists who know that man is more versatile than his reflexes and psychiatrists who see that a human mind is more inventive than his childhood conditioning or the archetypes of his collective unconscious. This we have noted in the vigorous debate by which Frankl upholds man's freedom to be responsible. Shall not the pastoral psychologist declare his conviction of religious freedom with as much courage and persuasion as Freud did his own views when opposition to them was the strongest?

The distinctive note of religious behavior is decision. Whatever a religious person is to do or believe is a matter for him to decide. Without freedom to make responsible choice religion cannot be authentic. If he will not choose, then that too is a choice; or if he rejects the religious life, that is the answer he gives with his whole being. If psychology views religion as merely the product of childhood conditioning, it will miss the essential meaning of religion altogether. The pastoral counselor will therefore be concerned with the issue and outcome of personal decisions. And he will seek to work with and to learn from other professions which have an open mind toward the open future of man.

IMPLEMENTING THE DOCTRINE OF THE MINISTRY IN SEMINARY EDUCATION

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Twenty-five years ago, Professor Mark A. May in his study of *The Education of American Ministers* noted that no clearly defined concept of the minister's function then existed. Professor H. Richard Niebuhr, writing only recently, found that perplexity and vagueness continue to afflict thought about the ministry, as is manifested in the practices of those theological schools which prepare ministers to perform a variety of functions without reference to any common goal. Although it is not the purpose of this essay to define and defend a doctrine of the ministry, it must be admitted that no discussion of methods in theological education is meaningful apart from such doctrine. Let us, therefore, state what is here presupposed about the purpose of the church and its ministry.

Professor Niebuhr has formulated the concept which, for this writer, seems most serviceable. The purpose of the church, he says, is "the increase among men of the love of God and neighbor." The increase of this love is the purpose of preaching, the aim of all our church organization and activity, and the goal of all our efforts to train men for the ministry. It is the heart of Christianity itself.[1] Following the advice of the Letter to the Ephesians, we may say that the Spirit calls some to be pastors and teachers in order that the congregation of the saints may be equipped for the work of ministering in the name of Christ. It is the function of the minister to bring into being a people of God who, as a church, will serve the purpose of a people of God. It is the function of the minister to produce the priesthood. His aim is to inaugurate and nourish a fellowship of Christ's friends and servants and to lead them in ministering in the name of Christ in the local community and the world. The aim of theological education should be to produce ministers who can produce the priesthood, the universal priesthood of all true believers.

Ministerial leadership in this dimension obviously presupposes that ministers have themselves heard the gospel of God's love and responded in their own lives with love for God and neighbor; but since everyone

Paper read before the Sixth Biennial Meeting of the Association of Seminary Professors in the Practical Fields and published in the Report of the Association, June, 1960.

[1]H. Richard Niebuhr: *The Purpose of the Church and Its Ministry;* Harper, New York, 1956, pp. 32-39.

always receives and communicates the Gospel as filtered through the lenses of his own personality, the awakening of a student's capacity to love must involve an understanding of the pathology of love, a diagnosis of the distortions, the perversions, the sham substitutes and masquerades which parade in our lives under the guise of love. If the minister is to serve as a channel through which the reconciling love of God can flow, and if God's redemptive work is always performed through persons in relationship, as Herbert Farmer has insisted, then the minister himself will have to become aware of the manner in which he relates to other persons (or fails to); he must know the role which religion plays in his own life and the characteristic modes of his own perception and communication. To say that seminaries must pay more attention to the problem of the minister's personality is not to denigrate the traditional didactic operations associated with the classroom and centered upon the history and content of the faith; it is to assert rather that these operations need to be conducted perhaps in a different way and to be supplemented by other operations regarded by many as unorthodox.

It is the thesis of this paper that a basic operational objective in the training of the minister must be the cultivation of self-awareness and a capacity of empathetic identification so that his hearing of the Gospel may be an authentic personal hearing and his communication of the Gospel may be a direct personal communication. To come into self-consciousness on the manner in which religion functions in one's own life, to be able to receive accurately deep-level communications from others, and to be aware of the kind of responses we evoke in others are forms of self-knowledge which theological education must aim to evoke if a doctrine of the ministry is to be translated into operational terms.

At this point a definition of terms is in order. What is meant by these un-theological concepts, of self-awareness and empathetic identification? Psychologically, self-awareness is the conscious insight of a person into the linkages between his outward behavior and his inner feelings or motivations.[2] Or, as Gardner Murphy puts it, self-knowledge is "the individual as known to the individual."[3]

The aim of educating for self-awareness would be to produce persons who would be open to their own experiences and not defensively protected against them. Defensive posturing against impulses, emotions, and perceptions felt to be incongruent with one's self-image produces distortions in personal experience and in communication. The person who is open to his own experience, whether it originates within himself or in the environ-

[2]Cf. Hyman Grossbard, "Methodology for Developing Self-Awareness," *Social Casework,* XXXV (Nov. 1954) No. 9, pp. 380ff: "Self-awareness is the link that connects observed phenomena—in himself and others—with his inner feelings." Also Ernest Bruder in *Journal of Pastoral Care,* X (1956), No. 2, p. 92: "We have defined self-observation . . . as the conscious attention by an individual to his own behavior, particularly in relation to other people."

[3]*Personality;* Harper, New York, 1947, p. 996.

ment, is free to receive it into his conscious awareness without the censorship or distortion of defensive mechanisms. Experience for him does not have to be shunned or twisted to fit a preconceived self-structure, and he is, therefore, more flexible, and better adapted to respond to the realities of any given situation. He is a person rather than a personage. Ministers who have not become self-aware are in the position of those referred to by Jesus: Having eyes they see not; having ears, hear not.

Associated with self-awareness is the faculty of empathy, which is the capacity to relate the self to others or the ability to "let one's self go into the other person with a willingness to be changed in the process."[4] Counselors regularly insist that a capacity for empathetic identification is basic to success in counseling, and many of us who have labored at the task to teaching preachers to preach would affirm that it is also basic to success in pulpit communication. Indeed, it is the necessary groundwork of significant communication in any area. L. S. Cottrell has referred to empathy as the "basic process" in all social interaction.[5]

The ability to see another as if one were the other, to sit where he sits, to walk in his moccasins, to feel himself on the inside of me or myself on the inside of him is obviously the key to successful communication. Whether the minister is engaged in preaching, teaching, pastoral care, the administration of the sacraments, or the administration of the church, his capacity to empathize will in large part determine the degree of his success in communication. Like the social worker, the nurse, the doctor, or any of those who work in close relation with persons, he must be able to see people as they are; he cannot be satisfied with seeing people as trees walking.

Outside theological education there is a growing confidence that self-awareness and the capacity for empathetic identification can be cultivated. R. W. Hyde, for example, measured the increase in empathetic ability in the training of nurses and found significant increases in empathy during eleven weeks of training exposure in the period of psychiatric affiliation.[6] Similar results have been shown as the product of the clinical training of ministers in a twelve-weeks course in a mental hospital.[7]

The question before us now is the question of what procedures are possible in theological education for the development of that kind of awareness which enables the minister to see his own experiences and the experiences of others in the light of the Gospel. An accurate perception of such experiences and an honest evaluation of them in the light of the

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[4]Rollo May: *The Art of Counseling;* Abingdon, New York, 1939, p. 97.
[5]L. S. Cottrell, "The Analysis of Situational Fields in Social Psychology," *Amer. Sociol. Rev.,* VII (1942), 37-82.
[6]Harriet M. Kandler and R. W. Hyde, "Changes in Empathy in Student Nurses during Psychiatric Affiliation," *Nurs. Rev.,* II (1953), No. 1, 33-36.
[7]Orlo Strunk and Kenneth Reed, "The Learning of Empathy; A Pilot Study," *Journal of Pastoral Care,* XIV (1960), No. 1, 44-48.

Gospel are self-evidently necessary if the Gospel is to become a dynamic force in the lives of either ministers or parishioners.

The first answer to the question about ways and means is that the subject matter of all the disciplines of the theological curriculum, or the classroom of any professor, could become instrumental to the development of self-awareness if professors and instructors were to follow the practice of teaching students instead of teaching subjects. A research study presented by Professor Ross Snyder in 1956 shows that, in the opinion of 117 students from 9 seminaries, among the qualities of good classroom communication is the ability of the teacher to come close enough to the student "to encourage communication and free behavior . . . an ability to sense and teach at the student's point of growth"; and among the qualities of poor classroom communication is the habit on the part of the teacher to try "to mold and possess the students, standing apart from them rather than *with* them . . . with the goal of presenting materials instead of teaching students . . ." The methodology of eductive teaching can hardly be codified since it depends upon such intangibles as the teacher's own self-awareness and self-confidence, the confidence of the student in him, and his confidence in the student. Teaching which is a leading-out of the problems, powers, and potentialities of the student produces true education, education in the etymological sense of the word, but such teaching always has been, and probably will always remain, an art.

While self-awareness can probably come as a by-product from the teaching of any subject matter, it is nevertheless true that some subjects are more readily adaptable for this purpose than others. Perhaps the most useful studies for this purpose are those in which the student is studying the communications of others and responding to them, or is himself communicating. Case studies in pastoral theology are useful in this connection. The study of preaching and experiences in practice preaching offer a natural opportunity for the student to observe his own communications. Analysis of student teaching procedures in religious education, or supervision of his experiences in parish administration, or supervision of his experiences in evangelism or social action provide natural clinical settings in which self-awareness can be encouraged. Indeed, all "field work" experiences are a natural medium if it can be presupposed that supervision is present and is adequate.

It is not inconceivable that the so-called content courses in Bible, Theology, and Church History could be taught in such a way as to show the relations between the content and the human experiences out of which the content originally grew or the experience to which it presently applies. It is obvious that not all the content in the history of Christianity is amenable to this kind of interpretation, but if it is true that all the great doctrines of the church are the theological formulation of meaningful human experiences then it ought to be not only possible but beneficial to indicate what the experiences are without being intimidated by unwar-

ranted charges of psychologizing theology. Probably the content studies best suited for the development of self-awareness would be courses in psychodynamics and developmental psychology, for here the student is confronted with the scientific account of how self-awareness develops and in studying the processes in others he learns about them in himself. A study of the normal and abnormal forms of personality organization or a study of the creative and pathological varieties of religious psychology opens for the student a door of access to his own experience. In confronting the material the student inevitably confronts himself and with the guidance of a wise teacher he can bear the anxiety of the confrontation with a resulting growth in self-awareness.

A second, well-established means of bringing the student alive to his own experience is through the processes of supervised clinical training in general and mental hospitals, prisons, and training schools or correctional institutions. Marriage counseling clinics, parish counseling centers, and alcoholic rehabilitation hospitals should be added to the list, and perhaps someday will be added as competent supervisory personnel become available. Students themselves testify that clinical training is among their most useful educational experiences. In a survey of the results of clinical training at Saint Elizabeths Hospital in Washington over a period of ten years, Chaplain Ernest E. Bruder reports that 54 per cent of 122 students said that the "most outstanding impression" was in terms of themselves in relation to others. Self-discovery, emotional growth, release from unfounded fears were among some of the results noted.[8] Because this type of training adds a new and useful dimension to theological education, some seminaries (like the Chicago Lutheran and the Episcopal Theological Seminary in Virginia) have made it a requirement for graduation for all students; elsewhere there has been a growing acceptance of the clinical training philosophy into theological education. Eighteen seminaries are now affiliated with the Council for Clinical Training as active or associate members, and forty or more other seminaries use the services of the Council. Five seminaries are associated with the Institute of Pastoral Care in New England, and five seminaries in Texas cooperate in the program of the Institute of Religion at the Texas Medical Center in Houston. Other seminaries have developed their own programs of clinical pastoral training, using the facilities of nearby institutions.

A fair assessment of clinical training as a means of implementing a doctrine of the ministry would require the acknowledgment of certain problems, and these exist both on the side of the seminaries and on the side of the clinical training movement itself. So far as the seminaries are concerned, their tendency frequently is to avoid responsibility for this phase of the student's training. The seminary can hardly use the clinical

[8]Ernest Bruder and Marian Barb, "A Survey of Ten Years of Clinical Pastoral Training at Saint Elizabeths Hospital," *Journal of Pastoral Care,* X (1956), No. 2, pp. 86-94.

training movement as a welcome opportunity to turn this aspect of the student's education over to an outside agency, as a frustrated mother welcomes the opportunity to send the children to the neighbors in order that peace and quiet may be preserved at home for the accomplishment of some "really important" things. Students returning from training need an opportunity to think through, theologically and personally, intellectually and emotionally, the shock of having taken their tender, untutored faith into the wards of mental hospitals or the cells of prisons. The student needs, for the proper assimilation of his experiences, the guidance and counsel of teachers skilled in the pastoral arts and grounded in the realities of living religion.

Also there are financial, administrative, and supervisory problems within the clinical training movement for which the seminaries rightfully must assume a larger responsibility if this phase of the student's training is to prosper. A dialogue between the seminaries and the clinical training movement on the question of the objectives of clinical training should be a continuing concern of both the seminaries and the movement. Is the basic objective of clinical training the development of pastoral skills and techniques, or the emotional re-education of the student, or both? Is the purpose of the training to impart to the student a fund of information on the symptomatology and treatment of pathological or deviant types of human behavior and personality organization or is the aim to provide increased chaplaincy services to neglected inmates and patients? The seminary has as vital an interest in the answers given to these questions as does the hospital or the chaplains' corps.

For our purposes here, the central concern is whether or not the development of the student's self-awareness and his capacity for empathetic identification are basic objectives in clinical training, and the answers from within the movement itself are not always clear.[9] For example, a recent change in vocabulary from talk about "clinical training" to talk about "clinical pastoral education" would seem to be the harbinger of a shift of interest from the goal of self-awareness to the goal of developing skills or imparting information. One director writes that pastoral "education" is a broader term than "clinical training," and that the pastor's education in the clinic is directly related to his professional education in the seminary, with no separation between clinical training and academic study.[10] Another writer, a hospital chaplain, feels that "the changes that occur in the student" cannot be a "basic" concern of the chaplain, because the chaplain, as an employee of a state institution, cannot be primarily concerned with a theological interpretation of the student's hospital experiences without violating the principle of separation of church and state. The chaplain is not unconcerned about the student's developing self-awareness, but this

[9] *Cf.* E. H. Furgeson, "The National Conference on Clinical Pastoral Education," a guest editorial, *Journal of Pastoral Care,* XI (1957), No. 1, pp. 38-40.
[10] Dawson C. Bryan, "The Frontiers of Pastoral Clinical Education," *Journal of Bible and Religion,* October, 1956.

cannot be his "basic" concern. The problem of the theological training of ministerial students in institutions controlled by the state is undoubtedly a complicated and vexatious problem. The question is whether one of the casualties in the conflict is likely to be a concern for the student's self-awareness, and a rejection of responsibility on the part of those in the clinical training movement for helping the student to integrate his clinical experiences with his theological interpretations.

When the Council for Clinical Training of Theological Students was incorporated on January 21, 1930, its stated aim was to bring the student into contact with human misery in order that the student might "develop in (himself) methods of observation" through contact with "the living documents" which were to be the "primary sources for any intelligent attempt to understand human nature." Anton Boisen pointed out that "service and understanding go hand in hand. Without true understanding it is impossible to render effective service in that which concerns the spiritual life . . ."[12] Self-observation and spiritual service based on understanding have for many of us stood as the landmarks and guiding lights of the clinical training movement.

Chaplain Ralph Bonacker, in an excellent analysis of the purposes and methods of clinical training, points out that the actual program of the training center is both didactic and therapeutic—"therapeutic" meaning: Aimed at the development of emotional insight in the student. Bonacker accepts the axiom that "What the minister *is,* is more important than what he *knows,* or what he *does.*" To say that the development of this self-awareness or emotional insight

> is the greatest concern of clinical training . . . is not to say that this is the most obvious goal of training or that we spend the greatest amount of time in the training program discussing the students' emotional health or providing therapy for them. More frequently, spiritual therapy or growth comes about more as a by-product of the training program in the pursuit of its other objectives. The supervisor need not make therapy an obvious goal at all; but he always recognizes that the emotional and spiritual growth of the student may be the most important achievement of the program; and he is constantly alert to such possibilities and encourages such growth.[13]

Bonacker finds that small seminar groups composed of not more than six students and a supervisor, meeting five times a week or oftener, and using a didactic procedure alternating with a non-structured or free-association procedure provide a successful method of imparting content and developing insight.

Many of the ingredients of a strictly therapeutic group are present: the

[12]Fred Eastman, "Father of the Clinical Pastoral Movement," *Journal of Pastoral Care,* V (1951), No. 1, Silver Anniversary Issue.
[13]Ralph Bonacker, "Clinical Training for the Pastoral Ministry: Purposes and Methods," *Journal of Pastoral Care,* XIV (1960), No. 1, p. 2.

size is small . . . the supervisor's role is non-dogmatic and non-directive; teaching is accomplished through research and discussion; there is a focus of concern on feelings; contacts within the group are prolonged and intense . . .[14]

Thus we may say that supervised clinical training properly structured and adequately administered proves a most satisfactory means of actualizing a doctrine of the ministry insofar as cultivating self-awareness and the capacity for empathetic identification is concerned. The fact that these come as by-products of a training program does not lessen the significance, since these are always the by-products of training unless they are the deliberate objectives of strictly therapeutic procedures.

Mention of group work in clinical training draws attention to a parallel procedure now being followed with success in some seminaries. I refer to intramural groups aiming at interpersonal communication in the absence of structured content. These groups are inevitably small; they require a special kind of leadership; and they produce communications which are intense and personal in character.

Princeton Seminary, for example, has recently adopted the policy of dividing the entire entering class into groups of about ten or twelve which meet once a week throughout the first year under the guidance of selected faculty members. Attendance is required and credit is given, but no grade. No assignments are made and no examinations are held. These are not academic seminars but guidance groups the aim of which is to foster interpersonal communication and provide a means for working through personal problems associated with seminary life or the vocation of the minister.

Other seminaries have organized such groups for the wives of the students or for students and their wives. Dr. David Eitzen of the Southern California School of Theology conducts groups of this kind with excellent success. Dr. Robert Leslie of the Pacific School of Religion has written helpfully of the aims and values of such groups in theological education.[15]

Groups of this kind may be organized around a common interest or they may be associated with an academic subject. At Wesley Seminary in Washington, D. C., we offer what is called a "laboratory session" in group work in conjunction with a classroom course on the principles of group organization. Members of the regular course who elect the "lab" sessions meet for two hours each week with a psychiatric social worker, who does not teach the classroom course, serving as leader of the group, and with the Professor of Religious Education, who does teach the classroom course, serving as observer and recorder for the group.

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[14]Ralph Bonacker, *op. cit.*, p. 8.

[15]Robert C. Leslie, "Group Experience and Communication in Interpersonal Relations," *Journal of Pastoral Care,* XI (1957), No. 2, pp. 65-72. See also: Robert W. Hyde and Robert Leslie, "Introduction to Group Therapy for Graduate Theological Students," *op. cit.,* VI (1952), No. 2, p. 23.

It should not be hastily concluded that all students who are exposed to group work or clinical training inevitably become charismatic personalities with superior sensitivity in self-awareness and empathy, but it should be recorded that many students give it as their experience that these procedures have helped them to attain insights not otherwise available. Some, who appear to go through the program without any significant change, find that seeds have been planted which germinate at a later period. Others, discovering in themselves dynamic but unexplored areas of personality, continue their investigations in private psychotherapeutic sessions.

The mention of psychotherapy as an acceptable procedure in seminary education raises a controversial issue—although no such issue is raised in medical education, which has some things in common with seminary education. It is a common dictum in medical education that to be a good psychotherapist or psychiatrist one must have experienced therapy as a patient, and anyone wishing to become a psychoanalyst must have undergone psychoanalysis as a requirement. Moreover, it has been found in the training of psychiatric residents that some candidates of outstanding ability who were hampered by neurotic difficulties were greatly assisted by psychotherapy in achieving the high level of performance of which they seemed capable. Also, it has been shown that some candidates for psychiatric residency who seemed comparatively unpromising at first improved after receiving treatment,[16] so that the question is now raised in medical education whether it might not be good to provide treatment for all residents.[17]

It can be objected, of course, that the minister is not a psychiatrist, a psychotherapist, nor a psychoanalyst; he is a minister. It should not be overlooked, however, that being a minister does not exempt one from the anxieties which torment humanity, nor should we forget that the minister, like his medical colleague, comes into close personal contact with people so that self-awareness and empathetic identification are required of him in no less degree than they are required of a psychiatrist.

To put the matter in perspective, consider the types of persons who find themselves "called" to preach and who come to the seminary to be trained. The Mid-Century Study of Theological Education[18] identified ten types of theological students. Among these are: the student who has been pushed into seminary by well-intentioned parents or friends; the submissive, withdrawing student who is "afraid to meet people and face the world"; the dominant, unconsciously manipulative, "pseudocharismatic personality"; the self-conscious careerist or "narcissistic self-pollinator"; and the sanctimonious "Holy Joe." These descriptives are obviously not orthodox clinical categories, but anyone who has served on the admissions committee of a

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[16]*Cf.* Robert Holt and Lester Luborsky: *Personality Patterns of Psychiatrists;* Basic Books, New York, 1958, esp. pp. 54-55; 63-69.
[17]*Ibid.*, p. 358..
[18]H. Richard Niebuhr, Williams, and Gustafson: *The Advancement of Theological Education;* Harper, New York, 1957, Chap. 7.

seminary or taught in a seminary classroom has met some of these persons face to face. A clinical psychologist would undoubtedly find among these some who were suffering from severe character disorders, others who were the victims of clinically identifiable neuroses or psychotic reactions. Such persons are in our seminaries, whether we know it or not, just as they are in the medical training programs for psychiatric residents,[19] and no screening program which has yet been devised is adequate to screen all of them out before they arrive. Indeed, it is doubtful that the seminaries should attempt to screen all of them out before they arrive; such a program would be a waste of human resources, which, although initially unpromising, can be rehabilitated, if proper procedures are available.

It seems an evasion of the issue to argue, as one seminary dean argues, that "We are an educational institution and not a center for psychotherapy"; or to argue, as the Mid-Century Study argues, that the schools "cannot afford to take too many risks with students of this sort" because it "is frequently beyond the financial resources of the school."[20]

The sobering truth of the matter is that the seminaries have the problem of psychotherapy on their hands whether they want it or not, and they are not free to take it or leave it—except at the cost of an inadequately or improperly trained ministry.

A part of our confusion and hesitancy on the question stems from a misconception of the nature and purpose of psychotherapeutic procedures as related to the educational process. A common mistake is to regard psychotherapy as exclusively a medical procedure aimed at relieving a patient's symptoms, overlooking the value of psychotherapy as a pedagogical procedure aimed as the development of self-knowledge. Another mistake is the failure to recognize the complicated manner in which the learning process itself is related to emotional factors. Every seminary professor has dealt with students whose communications are over-generalized, students who are addicted to vague and glittering generalities or fuzzy abstractions not based on necessary facts; or we have tried to teach students with "poor memories" or an "inability to concentrate"; more often than we like to report, we have dealt with students who seem unable to understand the verbal or written instructions given in class, students who are constitutionally tardy in attendance and unpunctual in their assignments. What we have not recognized, however, is that all of these conditions may be, and most often are, the overt symptomatology of inner paralyzing anxiety—anxiety which the usual operations of the classroom serve only to aggravate rather than to mitigate.[21]

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[19]*Cf.* Holt & Luborsky, *op. cit.*, pp. 65-66.

[20]Niebuhr *et al, op. cit.*, p. 149. Answers to the financial problem (which is a real one) can be found as is shown by the fact that Union Theological Seminary (New York) received (1960) a $550,000 sum from the Commonwealth Fund and the Old Dominion Foundation to extend its program in psychiatry and religion.

[21]Dr. Molly Harrower's research studies (published in the *Journal of Psychotherapy* and in *Texas Reports on Biology and Medicine*) emphasize the importance of these indications for medical education.

To draw out in detail the manner in which psychiatric or psychoneurotic mechanisms affect the learning process and to give a detailed account of the manner in which emotional conditions affect the assimilation of didactic material would carry this paper beyond reasonable limits, but evidence is not lacking to support the conclusion that psychotherapy and education go hand in hand. For example, a special project was launched in 1959 in the Washington, D. C., public schools to determine whether the educational lag of youngsters from underprivileged backgrounds could be corrected. The first published results have shown that course failures were reduced 43 per cent; six girls raised their IQ scores from 7 to 18 points; and 8 students in the underprivileged project group moved up to honors. This improvement took place after only one semester's exposure to specialized procedures, which included remedial instruction (in reading and mathematics), cultural enrichment, and personal counseling or guidance in addition to regular classroom instruction. A guidance counselor and psychiatric social worker maintain close personal contact with students and help them analyze their problems; the social worker offers individual and group guidance to "troubled" students and their parents, spending as much as a half-hour a day with the students. Two hundred seventh graders with "low normal" IQ scores in the 90's received the benefit of these special procedures, for which the School Board paid $26,000 a year.[22]

Education and therapy are indeed complementary phases of the learning process,[23] and therapy itself is a form of education having as its aim the freeing of emotion so that intelligence can be applied to it.[24] As John Ruskin wisely observed, "You do not educate a man by telling him what he knew not, but by making him what he was not."

In theological education, the making of a minister is the making of a man, and the making of a man always involves more than "opening up the mind, pouring in the truth, and sealing it up in perpetuity," as Cardinal Newman put it. The making of a man involves a confrontation of the whole person with the truth of the Gospel; it means an approach, not only at the level of the intellect using the tools of memory and information, but also an approach at the level of feeling using the tools of interpersonal communication with a view to developing self-awareness, emotional maturity, and a capacity for empathetic identification. In 1942 Dr. Arthur Cushman McGiffert wrote

> . . . The time has yet to come when a theological faculty as a whole will give frank and full recognition to the responsibility which it must

[22]Washington *Post,* May 4, 1960, p. 1. The New York City program, of which the Washington, D. C., project is a copy, was launched in 1956 and will be extended to include 63 New York City public schools in September, 1960. (Washington *Post,* May 24, 1960, P. A. 14.)

[23]*Cf.* Daniel A. Prescott: *Emotion and the Educative Process;* American Council on Education, 1938; or James Plant; *Personality and the Cultural Patterns;* Commonwealth Fund, New York, 1937.

[24]For an interpretation of therapy as a learning process, see John Dollard and Neal E. Miller: *Personality and Psychotherapy;* McGraw Hill, New York, 1950.

assume, however reluctantly or temporarily, of educating both the soul and the mind of its students. Until it does so the relevancy of theological education will remain incomplete.[25]

Perhaps the time has come to heed his words, for it is later than you think.

Let us summarize the argument by saying that, if we start with the assumption that the process of communicating the Gospel required an evaluation of the person communicating, then it follows that theological education must include such procedures as would produce persons capable of effective communication. At the heart of such procedures is the aim to produce self-awareness and the capacity for empathetic identification. These capacities may be fostered through the ordinary processes of the classroom if the teacher aims at this objective and if the subject matter is appropriate; they may be fostered by supervised clinical training; by group work in the seminary; and by psychological and psychotherapeutic assessment and treatment. The view presented is consistent with that of F. W. Dillistone, Dean of Liverpool Cathedral, who said, "I suggest that for effective communication today we need the language of empirical science and of psychological subjectivity if we are to make contact with the world as it is and not as we might like it to be."[26]

[25]Arthur Cushman McGiffert, Jr., "Next Tasks in Theological Education," *Journal of Religion,* XXII (October, 1942), p. 402.
[26]F. W. Dillistone, "Christian Doctrine and Its Communication," *Expository Times,* Vol. 69 (1957-58), pp. 196-98.

PASTORAL PROBLEMS IN THE PSYCHIATRIC HOSPITAL

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The presentation in this paper is based on the assumption that the reader's primary concern is not with the special ministry in a hospital but with what wisdom can be gleaned from work with the seriously disturbed and hospitalized that might be useful in the more normal round of activities of a parish ministry. Perhaps my favorite memory of patient eccentricity will illustrate the relevance of this assumption. I was preaching at our hospital chapel services one Sunday morning when (quite unusually) a patient stood up in the congregation and, after a moment's dramatic pause, called out, "Say, Reverend, do you know what time it is?" Without thinking too much, I replied, "Yes, Mr. —, I know what time it is. I've got about five minutes more. Could you let me have five minutes more?" There followed one of those painful silences in which only a public speaker can appreciate how much time can be condensed into five or ten seconds. Mr. — stood and apparently gave my proposition careful consideration. After what seemed like an interminable pause, he reached his decision, "Yes, I can give you five more minutes," and sat down to utter not another sound during the rest of the service. Now I'm sure that it is true of none of the congregations whose pastors read this *Journal,* but I suspect that there are some less fortunate congregations, on some hot summer mornings, whose members would like to stand up and ask, "Hey, Reverend, do you know what time it is?" As you can see, the point of this is that the congregations which worship in state hospitals are not different from others except that on occasion they are a little more honest.

It is because of this sometimes painful honesty that we who minister in a psychiatric hospital may have an opportunity to see pastoral problems more nakedly displayed than is usual in the normal pastoral situation.

What I propose to do is to outline some typical pastoral problems in a mental hospital, describe them in some detail, and try to suggest some of the implications of these situations for the pastoral ministry in general. Obviously, it is not possible to cover all the possible situations in these few pages but perhaps a few will serve to stimulate thinking, or to arouse interest in a period of supervised clinical pastoral training.

Prepared for presentation at the Nebraska Psychiatric Institute, Omaha, Nebraska while the writer was Chaplain-Supervisor at Topeka State Hospital, Topeka, Kansas.

Pastoral Problems in a Mental Hospital

Change of Church Membership. In our hospital there are three people who routinely visit the new patient upon admission: the doctor, the ward aide, and the chaplain. One of the chaplain's purposes in this initial pastoral visit is to ascertain something of the patient's religious history and to try to discover what, if any, assets there are in this area which may be of diagnostic and therapeutic value. In connection with this visit and, later, during hospital course, one of the recurrent pastoral problems of the mental hospital has to do with the person who has changed churches, is in the process of changing churches, or who is contemplating changing churches. Let me describe one such situation:

> *M.G.S.*—The admitting physician called to report a 36-year-old woman admitted as an emergency two days previously, in an acute schizophrenic reaction, now refusing to eat unless she could see a priest. The social history revealed a woman who was not a Roman Catholic but who had made contact with a local priest shortly before her acute break: therefore the doctor was not only interested in the feeding problem but was fearful of catering to a demand which seemed to be involved in a delusional attempt to cope with overwhelming stresses. He preferred to avoid tube or intravenous feedings.
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> I saw the patient on the admission ward. She was a tall, somewhat thin, well-dressed girl whose face was marked with old scars of acne. She was seated alone at one end of the ward reading a Bible. She talked readily with few gross distortions, occasionally breaking over into tears. She indicated that she had been raised in the town of P—.; had attended a Presbyterian church as a youngster; spoke warmly of the minister there. Married early after becoming pregnant. Marriage has been reasonably happy, with three children. Husband's work has taken him around Midwest, family has followed. Has never attended church. The patient has worked, usually as a business machine operator, during most of married life. Immediately prior to hospitalization she had been unable to work, had wandered off, reporting bizarre episodes of promiscuity with male "pick-ups." In her marital relationships she became suddenly very demanding of her husband, but remained quite unresponsive to his sexual attention. The abrupt change in her functioning seemed to date from the discovery that her 18-year-old son's best friend had probably been responsible for the pregnancy of a high-school classmate.
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> Through all the recital of her brief history the patient offered such comments as "I don't know what to do," "I can't understand it" (pointing to the open Bible on her lap), "I've always been like this, sort of a confused kid," "I wanted to become a Catholic and take instruction so I'd know what to do." It became apparent that superficially her refusal to eat was the result of a misapprehension that she had to fast before making a confession. I corrected her on this, indicating the schedule of services for Catholic patients, and then, using her words, reflected: "I gather, aside from the religious concern, that things seem to have been coming too fast for you to feel that you can make sense

out of them." This seemed to strike a responsive chord and she said, "I've just had the same amount of work to do lately but it hasn't felt right. I've wanted a rest." In the light of this I very firmly suggested that it was understandable that she should want to simplify her concerns so she could, with help, "catch up." I outlined the admission work-up procedure to her and the probability that it would be four weeks before her staff. I suggested to her that she get her feet on the ground in the routine of the hospital and plan to discuss with Dr. X her felt needs about a change of churches. In the meanwhile either I or Father C— could be reached by the aides on the ward if there was something special. Meanwhile I directed her Bible reading to a few passages which she said were familiar and firmly encouraged her to read only one chapter per day, repeat the Lord's prayer and then ask the aide for a job to "help with."

The nursing report indicated that she ate her supper that night, and asked what she might do on the ward. Assigned to simple housekeeping tasks, she seemed to be much more relaxed and at ease. Meanwhile her work-up interviews continued with the doctor.

This situation is perhaps typical of many pastoral problems in the hospital. Let me point to some of the implications: The differences between churches are usually conceived as historical or theological. It is apparent that for this woman the theological differentia of the Roman Catholic and Presbyterian churches were of little concern. Although not grossly disorganized, she was suffering from a schizophrenic reaction in which the principal symptom was the loss of appropriate emotional tone to familiar things—things just didn't feel right and she didn't know what was right. What determined her choice of Catholic instruction is not known, but it was apparent in her concern for fasting that this choice was determined not by reality awareness but by complex and involved unconscious forces. That, unchurched as she has been, there may well be at some later time a genuine electing of a new church, there can be little doubt. But that she is incapable of making that choice at this time there can be little doubt, either. Her search for a new church seems overdetermined but at least strongly influenced by the search for strange and novel experiences in which appropriate emotional tone may perhaps be felt. At the same time she seems to be evidencing the desire for narrowing her field of stimulus and finding simple undistortable tactual experiences such as are to be found in housekeeping chores. Her sexual demandingness is perhaps to be understood in the same view.

It has become increasingly apparent to me that few changes of church affiliation are unimportant. The church is a profound symbol of some of the deepest emotional experiences, the earliest identifications and loyalties. A shift in churches suggests a profound disturbance in the relationship with those earliest experiences, those primitive loyalties. It has been my clinical observation that a sharp confusion of religious identity often symbolizes a severe confusion about sexual identity. Theological and doctrinal understanding of such shifts may have meaning but, in pastoral relations, the

understanding of the change in terms of the individual's emotional investments is vastly more helpful. Such an understanding is more likely to be achieved through the approach of interested listening than through admonitory lectures. It must be in the patient's terms—not in terms of a pastor's psychological insight. To force an interpretation upon a person at a deeper level than he or she has offered, either covertly or expressedly, is to commit a serious "crime" of pastoral malpractice which suggests a profound hostile disregard of the person by the pastor.

Request for Reinforcement of Positive Feelings. It is a truism that we have love for our parents, our children, our spouses, and our God. One of the recurrent problems of the hospital chaplain is dealing with persons who seek pastoral, scriptural, or ecclesiastical reinforcement of these positive feelings. Take two illustrations:

Mc/B. This is a 50-year-old single office worker admitted as an emergency following a painful suicide attempt using a large quantity of lye as an oral poison. The "family slave," the patient had cared for her aged mother, had been the available sibling when others were in need of free nursing care, and had recently been forced to assume responsibility for funeral arrangements for her younger sister who died suddenly while on a visit to the patient, her husband being stationed overseas. In order to provide for the funeral the patient had cashed her "nest-egg" bonds. She was badly burned in the esophagus by the poison. She had to be treated daily for many months with a painful surgical procedure designed to keep the esophageal scar tissue from closing her throat. She was seen by the chaplain on daily infirmary rounds for a number of months. These calls usually centered on "what I have to be thankful for"—this muttered in a rasping pain-ridden voice. After the critical period in the treatment of her throat passed, it was agreed that she needed to be put to unrewarding and menial tasks in the hope either of allowing her to complete the penitential work or to offer her a present situation in which she might vent, realistically, some of her long-held hostilities. Accordingly, she was assigned to the daily cleaning of the toilet bowls and the urinals on the hospital ward. She stoically accepted this regimen for some weeks, receiving no praise for her heroic efforts, and whenever possible receiving criticism for some minor failure to complete the task. While this regimen was at its height she called for the chaplain to come to see her. She indicated that, "We have talked many times about things to be thankful for but I think I am losing my faith because I find it hard to pray in thankfulness. Can't you help me get back on the high road again of devotional living?"

Mr. S/J. This is the approximately 30-year-old husband of a patient admitted some few days before with a presenting history of alcoholism, promiscuity, bad checks, barbiturate addiction. The wife's admission physical examination had revealed gonorrheal infection. The husband, a well-dressed, prosperous-appearing professional man, an active layman in a large Protestant congregation, asked for an appointment with the chaplain. He spent some 55 minutes telling his story: Married to a

vivacious only child of a bluff, generous, good-natured lawyer and a sickly, nervous inadequate mother, his and his wife's life had been reasonably happy during his period of military service. During a year of security isolation and Alaskan service his wife had begun to have affairs with other men. Their first child "might not be mine." Following the war his wife's alcoholism had increased in severity, more recently complicated by the use of barbiturates. She consistently ran up sizeable bills while on her escapades. Shortly after the death of her father the wife had arranged for a separate maintenance agreement but still, on occasion, returned to the home to "stay" for several months at a time. Mr. S/J spoke of having followed her on her binges on occasion so that he could bring her home and get her on her feet again. His concern in talking with me was that, since her admission to the hospital, he had been troubled by a growing feeling that he would "no longer be able to forgive her. I know that isn't the Christian way."

Although the two illustrations offered may be somewhat more dramatic than the usual case, they suggest some basic working ideas. Many people learn in the earliest experiences of their lives the necessity of holding in check any hostile or aggressive impulses. Simply holding such impulses in check is not usually sufficient for the demands of their personalities, and the hostilities are either denied (what one student of the subject calls *"impunitive"* response) or are turned inward on the self in physical illness, guilt, depression, physical illness, or accidents (such responses being called *"intrapunitive"*). Such organization of life is a travesty of the gospels but it is often reinforced by a distorted appropriation of religious ideals. (Recall parts of the relationship of Hosea to Gomer in the Old Testament prophecy.) When further frustration or demands throw added burdens upon this intrapunitive method of handling hostility, there is often a search for added authority to reinforce the neurotic defenses of life. If people in this state are allowed to talk—*without urging beyond their ability*—they will often reveal a measure of their mixed or "ambivalent" feelings for crucial authorities in their life: even God. This should not be too surprising for ministers who are acquainted with the book of Job.

The Demand to Enter into a Delusional or Distorted Picture of the World. There are times when people see others through the eyes of their needs and wishes rather than through the eyes of their perception. In fact, when severely stressed, people will use their perceptions in a distorted way to prove their preconceived ideas. There are times when they demand in subtle or compelling ways that we act on the basis of their distortions of us. This is one of the persistent problems of the pastor (and others) in the mental hospital. It has implications for work with more normal individuals, too.

Mrs. M/M. This patient was seen shortly after admission. A gray-haired woman of about mid-40s, she appeared well-dressed but her widely dilated pupils and her nervous hyperalert manner suggested the depth of her anxiety. She was seen for an initial pastoral visit in the dining room of the admission ward. She told of her coming to the

hospital in terms of how she was being "coaxed by television into penitentiary offenses" but was determined to resist. In the midst of this tale she became quite excited, dropping to her knees and declaring that she knew that the chaplain had the power "to kill or to heal, to stop or to make go, to stop up bowels or to loose them." She appealed to the chaplain to stop this "coaxing on television." She was interrupted with the firm demand that she realize that we were just people, that there were no mysterious powers, although it could be gathered that she was undergoing some painfully alarming experiences. She refused to get up off the floor, so she was returned to the ward hall where the aide returned her to the simple, tactual task of sanding a large table surface. Subsequently during her treatment it was found necessary by many people to refuse to enter into her delusional portrayal of the world, in such situations simply re-directing, without argument, her attention to some uncomplicated present experience less susceptible to distortion.

There are complicated forms of psychological treatment (psychoanalysis) for a limited number of neurotic and psychotic complaints where the essence of treatment is the patient's ability to project upon the therapist all sorts of imagined feelings, actually born out of relationships with other persons. Psychoanalysis is a limited and specialized art and is applicable only to certain carefully screened cases. It is not the treatment of choice in all problems even in the hands of the well-trained psychotherapist. Such entering into the distortions of the patient or parishioner would seem rarely if ever to be the useful tool of the parish minister. However, there are times when in all our relationships it becomes apparent that our reality has been distorted, and at such times we must make clear our reality in a matter of fact way, without argument, and with interested concern in why the person has found it necessary to so distort our role or our power.

There are many other examples of pastoral problems in the mental hospital. Perhaps those chosen have not been the most helpful. Discussion of the psychological process of decompensation, in which a person slips from one level of functioning to another more primitive, less useful level in order to re-establish psychic equilibrium, would be useful. This is a concept of basic importance in answering that perennial question, "When shall we refer to a psychiatrist?" It would also be desirable to spend some time on the experience of acting out feelings as evidence of inner life, that kind of "language" so characteristic of adolescents, but widely found in adults, too. More particularly, it would be helpful to delineate clinically the distinction between what Paul Tillich calls existential anxiety and neurotic anxiety because it is in this area that the ministry to the dying or cataclysmically threatened patient lies.

These, however, are but more problems which point up my one wish—that all might see the people of mental hospitals not as another race of people but as those who, because of experiencing the world as an unfriendly place, have not grown or, having grown, have been thrown

back into the life of symptoms by stresses too great for them to bear. Perhaps this concern may be expressed in a collect prayer which we often use in the hospital services. It was written by a patient, a young woman whose ability is attested to by the fact that she has resumed her career as a professional writer and has just recently had one of her stories produced as a feature motion picture. She wrote this prayer after going through one of those crises of treatment in which it seemed as if whole segments of the world had been lost in the need to understand and to analyze the roots of the present in the past. She put down these words:

> Almighty God, our heavenly Father, who hast created the world and us that dwell herein, and hast, looking, found it good and called us thy children: We confess that in our need we have sometimes torn apart the beauties of thy creation, in nature and in ourselves and have left only ugly pieces. We are grateful for the courage which allows us to be honest, but we yearn for the faith of children who do not dissect but love and enjoy. Send us, we pray, the breath of life into our parts that we may be whole again. In Jesus Name, we pray. Amen

THE PHYSICIAN AND PRAYER

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The World Medical Association recently proposed a revision of the Hippocratic Oath. The Association seems to feel that the original Oath is archaic in form and content, for example, the Invocation of Apollo and Aesculapius. Perhaps a new Oath will bring it more up to date. But it is not the Oath or its contents that is at fault. Rather it is we who are at fault, to whom prayer has lost its zest. Prayer has lost its spiritual uplifting flavor for us and we jest about it. The most appetizing food will not appeal to an acutely ill patient suffering from fever, nausea, and general malaise.

Under normal conditions when men strove for ethical standards and the air was permeated with religious feelings, the Hippocratic Oath served its purpose well. Whoever the author of the Hippocratic Oath was, he must have been a genius, for this Oath expresses the high ideals of the merciful calling of medicine. It portrays the duties of a physician. It is no wonder that for two thousand years Jews, Gentiles, and Moslems have recited this Oath upon completing their medical training. What is more important, however, is the emotion that those people must have experienced in reciting this Oath. But nowadays, since we do not believe in oaths, we miss that emotional experience. This is merely a symptom of the situation in the world at large at the present time. We are living in a world of anxiety and we feel that the pillars upon which our entire civilization is resting are crumbling. Dr. D. Elton Trueblood outlines the thought that the most grievous of man's ills is the failure of his spiritual growth to parallel his technical progress. In other words, there is a disparity between man's secular and ethical development. According to the author, we have based our progress on "power culture." "The essential notion of power culture is the effort to organize human life independent of moral inhibition."[1]

In medical education, too, we suffer from the same ailment. Medicine has developed in the last fifty years by leaps and bounds. New fields of research have been discovered; new weapons to fight disease: magic drugs, chemotherapy, and antibiotics; new instruments which have expanded the human power of detection and observation—the electrocardiograph, x-ray, and radioactive isotopes. But what about the physician himself? All these discoveries and new drugs have given the physician more power; now he is better equipped to fight disease. But what about the man himself?

Harvey, if he could come back to us at this time, would be at a loss

[1]D. Elton Trueblood: *The Predicament of Modern Man;* Harper and Brothers, New York and London, 1944, p. 31.

to read electrocardiographic tracings or do a venous catheterization. Sydenham would probably be unable to interpret all the liver function tests. Neither Hodgkins nor Bright would be able to do blood morphology and blood chemistry. Yet they were great men and great personalities.

In the time of Hippocrates, Greece was permeated with the spirit of philosophy and ethics, and when the disciples of Hippocrates recited the Oath what inspiration it must have been to them in guiding them in their daily tasks in caring for the sick. Yet to us the Hippocratic Oath is likely to be merely a remnant of a curiosity from the Old World. This is true in spite of the fact that we have an example in the physicians in Germany under the Nazi regime of how modern medicine, in spite of all of its advancements, when applied without ethics and moral inhibitions can be turned on mankind cruelly and thus increase misery. Modern scientific medicine in Germany had developed to the highest degree, yet the German physicians stooped to the lowest level in human history. They used their so-called scientific research on human beings and treated them worse than rats. Would a disciple of Aesculapius in ancient times, one who recited that Oath, ever stoop to such a low level? I believe not. What was the cause of it then? It seems, to borrow a phrase from Dr. Trueblood, that the Germans developed a "power medicine" without any moral or ethical inhibitions.

What we need is not a modernization of the old Hippocratic Oath but rather a realization that the physician, in addition to his scientific training, has a need for prayer. Once he realizes that need, he will find the right prayer to express his devotion.

At present we are mostly concentrating on the tools of the physician, the products of science, rather than on the person who is to handle these tools. This tendency is universal; science has penetrated the very secrets of the atom and we can now unleash forces sufficient to destroy the human race on this planet, while man himself has made very little progress in improving his character or raising his moral and ethical values. In medicine, too, we are constantly inculcating in the student "the scientific imperative," rather than the "moral and ethical imperative." Even in the selection of students for medical schools, the humanities, the classics, the cultural background, all are overlooked and the emphasis is placed on scientific studies. The student who has taken more scientific courses, even though his training may be one-sided, has a better chance of entering a medical school than does one with a broader undergraduate education. Then, in the medical schools constant emphasis is put on research. Encouragement is given to write research papers while the history and cultural background of medicine are neglected.

In a paper entitled "Medical History as a Prophylactic," the author has enumerated the values and benefits of a study of medical history.[2]

[2]H. A. Savitz, "Medical History as a Prophylactic," *The Diplomate,* November, 1943.

The most important factor of all in the building of character in the physician was the instillation in him of a sense of humility.

The thesis of this paper is that prayer too, like medical history, leads to humility and the building of character.

Prayer here does not mean the petition for ordinary wants of our nature and circumstances, or even the request for greater gifts or blessings. Nor does it mean, in the words of Milton, "but prayer for offended Deity to appease," although this too has its value and purpose. As a matter of fact, Dr. Alexis Carell wrote a book in which he showed the good effect of prayer on patients.[3] In this book he says that he has seen cases in which prayer healed human beings both spiritually and physically. Had he followed the outline for prayer as illustrated in this paper, his last years would have been no less noble than his earlier ones.

We are concerned here with that effect which prayer has on the personality of the one who prays—that indescribable emotional experience which molds the character of men. Dr. Richard Cabot describes so beautifully the mood and pause of prayer: "The deep joy of mutual love or parenthood, the decisive victory of the right in national life or in ourselves, brings us that wistful wondering pause, that 'orbed solitude' which is close to prayer."[4]

President Eliot of Harvard stated: "Prayer is the supreme effort of the human intelligence—the effort of finite man to commune with and even speak to the Infinite."[5]

But the clear meaning of prayer was portrayed by a physician of the Middle Ages, namely, Maimonides, who was a philosopher and theologian as well as a physician, and these three faculties complemented and supplemented each other. According to Maimonides, sincere prayer leads to true humility.[6] It is in prayer that a person is supposed to reflect upon the status of the human being in the universe; meditating upon God in the grandeur of His creation leads one to realize the place he occupies therein. For if a person finds himself in the real mood and pause of prayer he feels like exclaiming, in the words of the psalmist:

> When I behold Thy heavens, the work of Thy fingers
> What is man that Thou art mindful of him.

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[3]Alexis Carell: *Prayer;* Morehouse-Gorham Company, 1948.
[4]Richard C. Cabot: *What Men Live By;* Houghton Mifflin, Boston.
[5]"The Two Hundred and Fiftieth Anniversary of the Settlement of the Jews in the United States," an address delivered in Boston, 1906.
[6]Mishna Torah, Book I 2:2: "It is mandatory to love and fear God. But how may one learn to love and fear Him? When man will reflect concerning His works and His great and wonderful creatures and will behold through them His wonderful, matchless, and infinite wisdom, he will spontaneously be filled with love, praise, and exultation, and become possessed with a great longing to know the great name, even as David said, "My soul thirsts for God, for the living God" (Psalm 42:2). And when he will think of all these matters he will be taken aback in a moment and will be stricken with awe, and will realize that he is an infinitesimal creature, humble and dark, standing with an insignificant and slight knowledge in the presence of the All Wise."

It is of extreme interest that the Hebrew word "to pray, *hithpalel,* is a reflexive verb signifying, at least in one sense, self-examination. It is prayer in this sense that gives a meaning to the old maxim, "He who rises from prayer a better man, his prayer is answered."[7] When a physician devotedly prays in solitude he not only communes with God, he communes with the great spirits of medicine of all ages and, as Professor Edman says: "The ultimate society of the mind, when the spirit listeth, is a soliloquy and that isolated heaven is crowded with friends in the form of congenial themes."[8]

If the prayer impulse is present in the physician he needs no special place of worship. Isn't the consultation room a sanctuary in itself! If in the examining room a patient reveals his body, it is in the consultation room that he reveals his soul and heart. Nor does the physician need any special stereotyped form of prayer. Here is a prayer by Jehudah Halevi (ap. 1080-1145) in which he reveals the nobility of character and the humility of a true physician.

The Physician's Prayer[9]

My God, heal me and I shall be healed;
Let not Thine anger be kindled against me so that I be consumed.
My medicines are of Thee, whether good
Or evil, whether strong or weak.

It is thou who shalt choose, not I,
Of Thy knowledge is the evil and the fair.
Not upon my power of healing I rely;
Only for Thine healing do I watch.

As for most physicians who may not be either authors or poets it seems to me that these physicians if they possess the prayer impulse can find the right prayer in the Book of Psalms, which has been accepted by practically all humanity. In this book of praise for centuries men in all generations and in all walks of life have found echoes to their feelings and emotions under various stresses and strains. Here the human spirit has found an outlet to rise to greater heights.

In the following paragraphs I shall briefly describe certain physicians and situations in which they have been involved and suggest prayers and psalms which apply.

The physician who strives to follow the ideals of his profession and becomes discouraged because he is less successful than some of his competitors who may be less idealistic may find solace in the Book of Psalms:

Happy is the man that hath not walked in the counsel of the wicked . . .

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[7]George Meredith: *The Ordeal of Richard Feverel.*
[8]Irwin Edman: *Philosopher's Holiday;* Viking Press, New York, 1938.
[9]Jehudah Halevi: *Selected Poems of Jehudah Halevi;* Jewish Publication Society of America, 1928, page 113, No. 58.

And he shall be like a tree planted by streams of water,
That bringeth forth its fruit in its season,
And whose leaf doth not wither;
And in whatsoever he doeth shall prosper.

The successful physician who has remained true to his ideals can find verses in this book to express his inner joy.

G. K. Chesterton wrote, "There is no better test of a man's ultimate chivalry and integrity than how he behaves when he is wrong."[10] This statement applies to physicians, especially in their relations to their colleagues. A prominent surgeon, called in as a consultant, disagreed with the physician in charge concerning a diagnosis, but found, upon operating, that the physician had been right, and admitted it. This required courage and revealed the integrity and inner strength of a real man. This surgeon should thank the Lord for his strength of character and might well recall the Fifteenth Psalm, which describes the ideal human character, known as "God's Gentleman":

Lord, who shall sojourn in Thy tabernacle?
Who shall dwell upon Thy holy mountain?

He that walketh uprightly, and worketh righteousness,
And speaketh truth in his heart;

That hath no slander upon his tongue,
Nor doeth evil to his fellow,
Nor taketh up a reproach against his neighbor.

On the other hand, the consultant who disagreed with a physician's diagnosis of coronary disease and angina pectoris and was proven wrong when the patient died, but who has never acknowledged his error, should pray for strength to enable him to admit his mistakes and be as ready to do this as he is to point out the errors of others. The consultant who fails to consider the history of a case and then is angry with the physician when he comes up with an incorrect diagnosis likewise needs prayer for guidance and for the "bigness" to say, "I did not take time to get the whole picture and I was wrong."

Consultation is a sacred duty, and the great physician understands it as such. There are three persons concerned: the patient, who is most important; the physician in charge; and the consultant. The consultant needs prayer to ask for guidance so that he will not be overwhelmed by his own success and importance, so that he will walk humbly before his colleagues and patients.

Unfortunately, consultation and confiscation sometimes become synonymous, particularly when the patient is rich and prominent. The physician in charge is pushed aside. To such a consultant the Fifty-first Psalm, the psalm of penitence, is particularly appropriate.

[10]G. K. Chesterton: *The Common Man;* Sheed and Ward, New York.

It would be well for some physicians to memorize a few verses of the Psalms that apply to their particular shortcomings. For the megalophysician who strolls about with empty pride, giving the impression that he symbolizes, like the statue of Minerva, all the arts, sciences, and victory, or like a prancing horse on parade, a good prescription might be a daily recitation of these two verses:

Be ye not as the horse, or as the mule, which have no understanding;
Whose mouth must be held in with bit and bridle,
That they come not near unto thee. (Psalm XXXVI: 12)

Let not the foot of pride overtake me,
And let not the hand of the wicked drive me away.

On the other hand, genuine pride and joy should fill the heart of the physician who is always ready to give a helping hand to anyone who seeks his aid or his counsel. He is concerned neither with the stratum of society to which people belong nor with their ability to remunerate him for his services. He has no fixed fee and is concerned with the poor as well as with the wealthy. Such a physician can proudly say, "Happy is he who considereth the poor" (Psalm XLI). The psalmist did not say, "Blessed is he who giveth to the poor," but rather he refers to the man who considers how the meritorious act can best be carried out. In the original text the "poor," *dal,* signified "feeble," not necessarily a poor man. It applies to one enfeebled in health. This verse could well be applied to physicians caring for their fellow physicians as patients. Physicians often receive very poor treatment at the hands of their colleagues. A physician tells the story of how he once suffered from an infected finger. When the infection began to spread along the line of the lymphatics, in desperation he phoned a surgeon in the evening, only to be told, "You know what to do as well as I do. I shall see you in the morning." This surgeon would do well to repeat daily the verse quoted above. Another who would profit by keeping this verse in mind is the physician who told a school teacher, when the teacher asked for his services for a member of his family, "You know I am a specialist; you are a teacher and I don't think you will be able to pay my fee." Yes, we do need prayer.

Just as the surgeon scrubs his hands for seven minutes prior to an operation to guard against infection, and just as he places his surgical gown over his clothing to prevent any possible infection, so should we of the medical profession spend at least one minute in prayer and devotion in order to cleanse our souls before coming to the patient. Medicine is as sacred a calling as is theology, and prayer is, as we explained, a kind of spiritual aseptic technique.

In a lecture delivered before the Royal Society in April, 1920, Rudyard Kipling stated that "about 1600 years ago when Rome was mistress of the world . . . the story goes that Rome allowed all those people one night in the year on which they could say aloud exactly what

they thought of Rome, without fear of the consequences."[11] It seems to me that we too might profit by simulating this; instead of glorifying ourselves constantly in mutual admiration, we ought to examine ourselves and see if we are what we think we are and see how others find us. Let us have an annual spiritual examination just as we advise our patients to have annual physical check-ups. By searching our inner selves we shall be able to serve others better. So let us pray!

A good prayer which expresses the ideals set forth in this paper is contained in the so-called "Oath and Prayer of Maimonides," which was probably written in a later period by the physician and philosopher Marcus Herz. Whoever wrote it expressed well the ideals of medicine and the functions of the physician. It is a worthwhile prayer and every physician and student of medicine should be acquainted with it. This prayer is merely a compilation of biblical quotations most of which are found in the Psalms.

The Oath and Prayer of Maimonides

Thy Eternal Providence has appointed me to watch over the life and health of Thy creatures. May the love for my art actuate me at all times; may neither avarice, nor miserliness, not the thirst for glory, nor for a great reputation engage my mind; for the enemies of Truth and Philanthropy could easily deceive me and make me forgetful of my lofty aim of doing good to Thy children. May I never see in the patient anything but a fellow creature in pain.

Grant me strength, time, and opportunity always to correct what I have acquired, always to extend its domain; for knowledge is immense and the spirit of man can extend infinitely to enrich itself daily with new requirements. Today he can discover his errors of yesterday and tomorrow he may obtain a new light on what he thinks himself sure of today.

O God, Thou hast appointed me to watch over the life and death of
Thy creatures; here I am ready for my vocation.
And now I turn unto my calling:
O stand by me, my God, in this truly important task;
Grant me success! For—
Without Thy loving counsel and support,
Man can avail but naught.
Inspire me with true love for this my art
And for Thy creatures, O, grant—
That neither greed for gain, nor thirst for fame, nor vain ambition,
May interfere with my activity.
For these I know are enemies of Truth and Love of men,
And might beguile one in profession,
From furthering the welfare of Thy creatures.
O strengthen me.
Grant energy unto body and the soul
That I might e'er unhindered ready be
To mitigate the woes,

[11]Rudyard Kipling: *Book of Words,* Doubleday, Doran, New York, 1928.

Sustain and help
The rich and poor, the good and bad, enemy and friend.
O let me e'er behold in the afflicted and suffering
Only the human being.

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EDITORIAL

The Existential Dimension in Pastoral Theology

It has taken pastoral theology longer to take full cognizance of the existentialists than it has the systematic and historical theologians. Back in the 40's Paul Tillich and David Roberts at Union Theological Seminary sought such relationships between pastoral theology and existentialism, and in the 50's Albert Outler and Carl Michalson continued such study. These men have pointed out to pastors the importance of taking the crises of individuals seriously, not just as cries for solace but for salvation. Pastoral care cannot be modeled simply on adjustment theories of counseling, but must recognize the existential dimension of individual need and the integrity of theology—whether systematic or pastoral.

Now psychiatrists are showing interest, particularly in Europe, in existentialism. The writing of Rollo May, Ernest Angel, and Henri Ellenberger in *Existence* brought this to our attention. Ira Progoff's *Death and Rebirth of Psychology* also shows the need for passing beyond psychology to a renewed search for meaning. Now the works of Viktor Frankl are being translated into English and point to the fact that physicians and psychotherapists are being consulted about problems of meaning. In this age of crisis, when clergymen for one reason or another do not preach a saving gospel, or churches do not provide a redeeming fellowship, people hungry for meaning go to medical men with their concerns. Certainly this is a judgment on us all!

Two pastoral theologians, Paul Johnson and Robert Leslie, have been on sabbatical leave studying at the University of Vienna this year with Dr. Frankl. They report by letter that it has been a most enlightening experience. The article in this issue of this *Journal* by Johnson is one of the first reports of their study. In fact it represents a lecture which Professor Johnson delivered at a conference in Austria where clergymen and psychiatrists gathered this fall. We shall await further word from Dr. Johnson and Dr. Leslie in reaction to their sabbatical study. In the meantime, they write that others will have the opportunity to hear Dr. Frankl, since he plans to teach at Harvard Divinity School in the summer of 1961.

Viktor Frankl's book, *From Death Camp to Existentialism,* is a testament of tremendous courage and the radical conversion of a psychotherapist. After the narrow brush with death which he had in the concentration camp and the new meaning which he found as a result of that experience, he can no longer be satisfied with curing upper-class men and women from their phobias and their hypertension. He says that the individual who does not discover a will to meaning suffers from existential frustration and, given enough boredom, will take his own life. This writer knows of a student minister who had experienced two suicides in his parish in two weeks and who turned to this book for help and enough courage to face his congregation.

Let it be said, however, that Frankl's books do not represent the sum and substance of existentialism. The interested pastor could read with profit the non-theistic existentialists, Sartre and Heidegger (a psychoanalyst who went on to become an existential philosopher), Jaspers, and of course the gloomy Dane, Kierkegaard, rather than stopping with Frankl. The hopeless-appearing case studies which Binswanger records of Ilse and Ellen West are a good antidote to a pastoral counselor's continued desire for success. In fact we are still taken with a wish for "happy endings" and too little acquainted with the depths of despair and real loss of meaning which many people on this planet experience daily. Insulated against the threat of the bomb and defended against the dangers of radioactive fallout, we may want to escape such "hopelessness." Here the existenialists stab us awake to the boundary lines of the human situation and the yawning abyss.

Surely a pastoral theology worth its salt will not involve people in an easy gospel. Neither will it in the guise of "permissiveness" try to soften the kind of reality people face in the world today. It must not be an adjunct to suburban living, like the two-car garage and the country club, lest it lose its own soul. Pastoral theology must see the pathway to salvation to be "straight and narrow" and not dependent on "self-sufficiency" but ultimately upon the graciousness of God. Perhaps the prophetic voices of Frankl and the existential psychotherapists are what we have needed. Perhaps they will call pastoral theology to repentance and to its real task of witnessing to the Gospel of meaning. Let us hope so!

C.W.S.

COMMUNICATIONS

Some Thoughts from "Down Under" on the Role of the Chaplain on the "Healing Team" in the Mental Hospital

The recent advent of the chaplain as a full-time member of the staff at the Ballarat State Mental Hospital, Victoria, Australia, has raised questions about the place of the chaplain on the "healing team." There is general acceptance of the concept that a modern psychiatric hospital is aiming toward the ideal of becoming a therapeutic community, and the corollary that no member of the professional staff works as an isolated individual but rather as a member of a healing team. If the concept of the healing team is to be more than a shibboleth that pays homage to the fact that there are several disciplines engaged in activities with the patients in the hospital, some delineation and clarification of the functions of the chaplain are necessary.

As I see it, the role of the chaplain in the face-to-face contacts with patients is to be a pastor, and no pastor with an idea of the nature of his ministry has any desire to become a psychiatrist, psychotherapist, psychologist, or an amateur substitute for any of these professional callings. The chaplain, as a priest in the Church of England, which he represents in the hospital setting, is ordained to a ministry of Word and Sacrament through which the forgiveness of God, the grace of God, is to be communicated to His children. The ministry of the Word is not confined to preaching in the chapel but includes also the counseling ministry. It is in this situation that conflict may arise between the chaplain and the psychiatrist if neither knows what the role of the other is in relation to the patient and to each other.

A chaplain in a psychiatric institution is not in the least concerned to demonstrate that he as an individual can cure mental illness. But he is concerned to demonstrate at least that a pastoral ministry is relevant to the needs of some of the patients that pass through the hospital and that such a ministry can radically hasten the work of healing. Genuine feelings of guilt and feelings of estrangement from God and man as a result are essentially religious and theological problems, and the chaplain by virtue of his training and the tradition in which he stands has the resources to deal with such problems. He is also concerned with the fact that, in any community of human beings, religious values and religious virtues are a necessity in the life of the community if the members are to remain truly human. He is concerned to demonstrate that God really does care for all of His children and that He is interested in everything that occurs in their lives.

It should be obvious that the chaplain's ministry is not to disembodied spirits or intangible souls but to *persons* who are body, mind, and spirit.

Nevertheless, he approaches his work with certain theological assumptions about God and the nature and needs of man and holds what could be termed a three-dimensional view of (personal) life and (personal) relationships, the three dimensions being a person's internal relationship with himself, his external relationship with his fellow man and society, and his eternal spiritual relationship with God. In every human situation, forces and factors in these three dimensions are operative, interacting with each other and radically affecting the total well-being of the person.

Certainly other disciplines are concerned with the first two dimensions of life as mentioned by the chaplain and would leave the third, the eternal spiritual relationship with God, as the chaplain's exclusive province. Such a bifurcation is permitted for discussion, as long as we remember that we are dealing with a unitary being, but there is concern in the other two dimensions that the chaplain may, because of certain assumptions which he holds, interfere adversely with the psychiatrist-patient relationship. At the same time it is recognized that with the same assumptions he may assist the psychiatrist in his healing endeavors.

From our discussions at Ballarat it seems that the crux of the matter is: How should the chaplain deal with the unconscious needs (or problems) which are presented by the patient? That these are presented to the chaplain in his visits clearly illustrates the overlapping of roles. The patient's primary concern is relief from his anxiety and some soothing of his interpersonal hurt and he will unburden himself to any person who shows concern and interest such as the chaplain. While we have arrived at no final answer to this question, and discussion goes on, we recognize that it points to the need for a clinically trained chaplain in the hospital, and this is the direction in which we are moving. At the same time this question focuses for us the importance of maintaining lines of communication between the various disciplines involved in the treatment of patients. For only as we together can look at what we are doing with and for patients, and move forward from there, does the concept of the "healing team" become more of a reality.

THE REV. LESLIE HAHN

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Theological Dimensions of Pastoral Counseling

The counseling which the average minister does, does not take place in a vacuum. He enters into the experience with the parishioner with certain basic theological presuppositions. Part of his effectiveness depends upon the clarity he has as to this background.

Let us begin our theological undergirding by examining the nature of man as understood by the Biblical writers. Man, they assert, has been

created in the image of God. By that is meant that man is a thinking creature—capable of looking backward in memory and looking forward in anticipation, capable of abstracting insights from concrete situations and turning them into generalizations. Not only is man a thinking being, he is also a responsible being. He has freedom to take a hand in what is happening to him, to have a "say" in his own destiny. He can say "yes" to life just as he can say "no" to life.

There is no decision on the part of the stone to be a stone. It is purely and simply what it is. There is no decision on the part of a tree to be a tree. It is purely and simply what it is. And so, too, with all other forms of life except man. But man is different. Man does not automatically and inevitably become what he is—a person. That is a matter of choice, of decision. Man can choose to be less than himself. He does not automatically and inevitably become a mature person. His body grows—yes—and in that respect he is like a tree or a puppy. But his selfhood—his personhood—his total being—this grows only as he gives up childish ways. Unlike the tree or the dog, he can cling to an earlier pattern of life. He may be in the present but live in the past. We are familiar with the chronologically mature adult who has remained emotionally a child. In being this way the individual has used his freedom to deny his God-given gift of life.

On the other hand, just as man can say "no" to himself so also can he say "yes." He can respond. He can grow up into mature manhood, unto the measure of the stature of the fullness of Christ. But such an unfolding is not automatic. It comes only as a result of decision. That man can grow is the grace of God. Whether he does grow or not is his faith response.

To be created in the image of God means not only that man is a thinking-responding and responsible being. It also means that he is at the core "good." God created the world and God created man. And He saw that His creation was good. As a final stamp of approval on the basic goodness of creation, we are confronted with the truth of the incarnation. "The Word became flesh and dwelt among us, full of grace and truth." The material world is good and not evil. The bodily life of man is good and not evil. As the writer of the 139th Psalm puts it, "Thou didst create my inward parts"—my affections. And St. Paul reminds us that the body, the physical body with its vitalities, is a temple of the Holy Spirit. There is no arbitrary and artificial distinction between the material as evil and the spiritual as good, between the worthless body and the worthwhile soul. Life is whole and man is whole, and both at the core are good.

This, then, is the first theological affirmation we make in relation to pastoral counseling: man is essentially good—not in and of himself, but because he is created by God and he is created in the image of God, and the Lord God of creation came in human life to redeem human life.

The second affirmation is a corollary of the first. Although the world

has been created essentially good and man himself has been created essentially good, something has happened. Something has gone wrong with the creation. Man finds himself in conflict—in conflict with himself, in conflict with others, in conflict with God. The wholeness of life has been broken in the actual process of living. We find tragedy and evil, sin and death, fragmentation and estrangement wherever we turn. While man is the greatest miracle in creation he also turns out to be the greatest problem. He has "messed up" existence, not only his own but that of the whole universe. He has introduced discord into that which was basically harmonious. We cannot explain how this happened, but that it has happened we are painfully aware.

There are many ways in which to speak of this experience. We may say it is the sin of Adam, or the fall of man, or as the psychiatrist Karl Menninger put it, "man against himself." Regardless of the terminology, though, we are all pointing to the same experience.

Let's take the story of the Garden of Eden as our springboard, for this is what the writers are getting at. The basic core of man's life—in terms of the geography of the soul rather than the physical geography of Eden—is harmony, peace, wholeness, oneness. But in the process of becoming a self man breaks the harmony. He shatters the wholeness. He moves from a dreaming innocence into temptation and sin. He wakes up to the possibility of distorting life into something it was not meant to be.

The tree of the knowledge of good and evil is without parallel in ancient mythology. The issue, as the writers saw, was not how man was to get life without death. The issue was how man had the power to turn good into evil. Man could distinguish between the two and more often than not he chose evil in place of good.

The consequences of the fall of man, which we more accurately speak of as an upward fall, for it means the step into responsible selfhood, the consequences of moving from dreaming innocence to conscious selfhood are conflict and alienation, sin and guilt. The sexes are set over against each other and so domination often destroys a genuine relationship of give and take. Brother is set over against brother whether it be Cain and Abel, Lot and Abraham, Jacob and Esau, or Joseph and his brothers. We find jealousy, rivalry, resentment. Violence and greed flood the world. As the Tower of Babel shows, misunderstanding and fear and pride drive men apart. This inability to communicate—to speak understandingly to each other—makes it very difficult to live together. The development of civilization only makes the consequences of sin more complex. Progress means greater disasters and not just greater opportunities.

The writers of Genesis have set the framework of human existence which all observers contribute to in more refined detail. Here are very concrete accounts. If we were to translate some of those early stories into newspaper accounts, we would read: Tenants Evicted—Misuse Property;

Fraticide Committed near Farmhouse; Mother Accomplice in Legacy Fraud; Mayor's Son Rapes Socialite; Skyscraper Collapses Due to Misunderstanding. The writers put down the way man everywhere distorts and destroys that which is fine. He turns good into evil and calls it good. He finds himself caught in the predicament of not being his true self.

In referring to the fall of man, we are, of course, talking about the ever-present reality of sin—original and otherwise. What that amounts to is what we have been describing. Man is caught, caught first of all in the drag of the race. He does not begin life in a vacuum. He is not protected from harmful influences. He finds himself in a situation which is "unstable at best and disastrous at worst." As parents, we injure our children with our own anxieties. Society injures both parents and children with its complexities and conflicts. Before the youngster can ever get a bat on his shoulder he has two strikes against him. Each generation inflicts psychological and spiritual wounds upon those which follow.

Man's ability to be responsible is not only restricted by the drag of the race. It is also restricted by the drag of his own self. Depth psychologists like Sigmund Freud have simply demonstrated what the Bible portrays. Within the human self is an irrational and an irresponsible element. The best possibility is somehow always a "compromise between unlimited desire and limited satisfaction." Even when man acts in the finest way possible there is present a mixture of good and bad motives, a mixture of helpful and harmful results. As Ishmael says in Moby Dick, "Heaven have mercy on all of us—Presbyterian and Pagans alike—for we are all somehow dreadfully cracked about the head, and sadly in need of mending."

All that we have been saying about the upward fall of man implies this: man not only has a problem, man *is* the problem! That means that by himself, in and of himself, "man for himself," is not enough to transcend and therefore to transform himself. He needs a protagonist, as William Faulkner puts it in his novel *A Fable* (p. 151). He cannot make it alone. He needs outside help.

And that need—the need for a protagonist—is answered by the Christian faith. God's faithfulness is seen in a universe of order. He does not leave man to himself. In the covenant of the rainbow and the covenant of Sinai and the new covenant in Christ, God shows He does not desert His creation and He will not desert man. He intended in the beginning that there be wholeness and He continues that intention without change.

This, then, is the third theological affirmation: God acts in history and through history to redeem His lost creation. The way He acts is of decisive importance, especially for pastoral counseling. God acts through community and through personal encounter. Man becomes man only in the encounter of person with person. So Christ reminds us that where two or three are gathered together in the power of love there is the healing Christ in the midst of them.

But, and this is decisive, reconciling love is not forced. God is not superman in a business suit. When the going gets rough and it looks as though everything will collapse, Clark Kent steps behind the door and emerges to overwhelm men with his power. That may be Superman's strategy, but that is not the strategy of the God and Father of our Lord Jesus Christ. The central symbol of our faith is the crucified and risen Christ. God's power is so great that He gives men the power to deny and reject Him. He does not force Himself upon us. He wants us to respond of our own free choice, having only the vision of His matchless love before us as our guide (*cf. The Grand Inquisitor* of Dostoevsky).

The writer of Revelation picks up the dynamics of this when he pictures the living Christ standing at the door of man's life and knocking. He says, "If any man hears my voice and answers me, I will come in and be with him." Christ stands waiting, but until man chooses to respond the door remains closed in His face. He does not force His way in. God comes to man even before man turns to Him. Man's response is a response of gratitude for the forgiving, caring acceptance of Him who is his master and redeemer.

THE REV. JAMES B. ASHBROOK

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BOOK REVIEWS AND NOTICES

Edited by The Rev. Rollin J. Fairbanks, D.D.

Theology of Culture: Paul Tillich; Oxford University Press, New York, 1959. 213 pp. $4.00.

Paul Tillich is pre-eminently the theologian of culture in our own time. His overmastering concern has been to show how Christianity is related to secular culture and in particular to uncover the religious dimension within a particular cultural creation. But some of his most incisive writings in this field have appeared in the form of essays in various journals. It is therefore an excellent idea to bring a selection of these together within one volume, and *Theology of Culture* is the result.

The first four essays deal with basic considerations—the nature of religion and the analysis of culture. The next group examines various aspects of culture such as science, education, existentialism, painting. A third group looks at the cultures from the standpoint of provincial characteristics, and the final essay (of special interest) takes up the question of the way in which the Christian message is to be communicated.

If this reviewer were asked to recommend a book of Tillich's to a reader who had no previous acquaintance with his thought, it would be this volume, for it includes most of his basic ideas and it is easier to grasp than some of his other writings because of the concrete applications which he is concerned to make. To one already familiar with Tillich's theology there is little here that has not been considered in some way before. But every essay is penetrating, suggestive, and rewarding. The last chapter in particular, though short, is of profound importance for those engaged in the task of communicating the Gospel to our own cultural milieu.

FREDRICK W. DILLISTONE

The Self in Pilgrimage: Earl A. Loomis, Jr., M.D.; Harper and Brothers, New York, 1960. 104 pp. $3.00.

This book by the Professor of Psychiatry and Religion at Union Theological Seminary in New York, who is also the Director of the Program in the Interrelations of Psychiatry and Religion, is neither professorial nor does it deal directly with the problems of the interrelation between psychiatry and religion. Rather, it is a personal account of a man who has struggled to understand for himself the religious and philosophical implications of psychiatry for human understanding and development. Dr. Loomis had one year of acquainting himself with the world of theology and preparation for the ministry at Princeton Theological Seminary and then he decided to go into medicine and subsequently into psychiatry. His genuine curiosity to find out about people and especially about the origins of their potentials and problems moved him to concentrate on child psychiatry.

This charm of this book is precisely that the author looks at the psychological and religious development of the human personality from the standpoint of the child growing up. With genuine child-like curiosity Dr. Loomis follows the pilgrimage of the self through the phases of its struggle with itself, with others, the community, and history.

Since he has joined the Union Theological faculty in New York he has been constantly stimulated by theological and philosophical concepts while he pursued his own research and teaching in both child psychiatry and in acquainting theological students with the world of psychology of personality, psychopathology, and psychotherapy.

With great charm and freedom Dr. Loomis selects the problems, the concepts, and the authors which best help him to present his own ideas and suggestions. This book is not and does not pretend to be a scholarly, systematic study which in a thorough and authoritative presentation offers definitive conclusions. In his light, very readable and at times purely conversational style, Dr. Loomis addresses himself to a fairly sophisticated audience which, however, does not need to be expert in either theology, philosophy, psychology, or psychiatry. The author himself merely points to problems, ideas, and possible solutions without following any to the point where they become a detailed, exhaustive study in one area. He moves swiftly and with great ease in his presentation and leaves it up to the reader to follow any of his thoughts in independent studies. Dr. Loomis does not seem to want to give us either a clear-cut definition of his concept of the self or the impression that he conceives of a developmental pilgrimage which is applicable to everybody.

The real worth of this short, personal essay lies in stimulating those who are personally interested in the problems which Dr. Loomis touches upon, can tune into his way of writing, and seek nothing but such an incentive to experience, feel, and think from there on their own.

HANS HOFMANN

The Hinge of History: Carl Michalson; Scribner's, New York, 1959. 256 pp. $3.95.

In this book Carl Michalson is grappling with one of the most important questions of our time. What does it mean to say that Christianity is a historical religion or that Christianity is grounded in a historical revelation? What is the relation of the Christian faith to history?

No answers can make sense unless we know first what is meant by history or the historical, and to define these terms is far from easy. Michalson at the very beginning of his inquiry asserts that there are four dimensions within the structure of history and that all are important for Christian understanding though in an ascending scale of significance. First, there is world history—the great mass of events that have happened and are now past. Second, there is existential history—the history that is concerned with the gaps or cracks in the world's life which are reflected in the incompleteness of man's personal life. Third, there is Biblical history—the witness to the occurrence of events in history which can fill the gaps

and provide meaning. And finally there is eschatological history which supplies ultimacy and coherence to the other dimensions of history by its concentration upon the Christ who is the beginning and end of all.

The author's major concerns are existential history and eschatological history. Few can write today on existentialism with more authority than Dr. Michalson, who is widely read in secular as well as theological literature and who brilliantly exposes the gaps in history as revealed by the existential analysis. In those chapters on the historicity of Christ, the reality of the resurrection and the creativity of preaching (in which Dr. Michalson seeks to show where God is present), existential history is given an end and life is caught up in the eschatological history which centers in the Christ.

This is an original and highly suggestive treatment of a problem of profound importance. There may be difficulties in the notion of dimensions in history, but such a notion can at least preserve us from regarding "history" as a simple and self-explanatory term.

FREDRICK W. DILLISTONE

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Religion, Science, and Mental Health: Academy of Religion and Mental Health, New York University Press, 1959. 104 pp. $3.00.

As the subtitle to this short book indicates, it is the report of "Proceedings of the First Academy Symposium on Inter-discipline Responsibility for Mental Health—a Religious and Scientific Concern." The symposium was held in 1957 for two days with some thirty clergymen, psychiatrists, and other behavioral scientists participating along with a half-dozen financially prominent, interested laymen. Seven papers were presented formally: two by psychologists, two by psychiatrists, and one each by three clergy representing the major faith groups. Brief summaries of ideas are included which were shared in open discussion following each formal paper.

Something about this book reminded this reviewer of some of the "condensed books" now being produced for the American in a hurry. Not only are all the materials presented in highly concentrated form, leaving much of the work of rounding out ideas and filling in of details to the reader's own fund of associations, but also there is the inevitable wide variation in points of view presented and quality of effort represented. As a sampling of relatively current thinking in the area of religion and the behavioral sciences the book undoubtedly deserves attention from all those who are in one way or another engaged in the same enterprise.

One or two of the all-too-brief papers rate special mention as being of special interest to clergymen, particularly in the clinical pastoral education field. One is a set of terse assertions by Dr. O. Hobart Mowrer, Research Professor of Psychology at the University of Illinois. He begins by asserting, "The behavioral sciences are currently in crisis and are being influenced more by religion than the other way round," and he goes on to make such statements as, "Clinical psychology is in transition from a former emphasis on repression and release of repression to the concepts of

alienation and reconciliation." Though such broad statements are open to much qualification, coming from a research psychologist of some stature they should be an effective inducement to those pastors and "clinical theologians" who have been feeling the urge (sometimes guiltily and sometimes creatively) to correlate their clinical pastoral experience and their theological perspective and language. Quite in contrast to Dr. Mowrer's frank recognition of the overlapping borders of religion and behavioral science, one can in this same book sample the views of Dr. Gregory Zilboorg, who states just as frankly that he is highly suspicious of the whole business of tying "psychiatric problems" in with "religious" ones as if these two fields have something in common.

Protestant clergy will probably find Dr. Harold G. Wolff's description of research pointing to the possibility that "direction, pressures, goals, values" are relevant to the problems of disease at every level, psychic and physical, more compatible with the Christian view of man. They will likewise be interested in the three presentations by Dr. Hans Hofmann, Director of the Harvard University Project on Religious and Mental Health, Rabbi Albert A. Goldman, and Father Noel Mailloux, O.P., although this reviewer found these papers less rewarding than a number of others on the subject by theologians to be found in current pastoral journals.

To sum up: this book is most significant as an example of the kind of stimulating interchange that is going on in many places and at every level from grass-roots pastor-physician conversation to theological and psychiatric teaching centers. The important thing at this point is that the conversation continue. This brief presentation, along with a number of other efforts of its kind, should prove a good stimulus to such conversation.

CHARLES V. GERKIN

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A Genuinely Human Existence: Stephen Neill; Doubleday, Garden City, New York, 1959. 312 pp. $4.50.

Bishop Neill is a first-rate scholar, one-time Anglican Bishop of India, who has also served on the staff of the World Council of Churches. His spirit is ecumenical and his liberal education makes it possible for him to draw at will in this work from theology, history, literature, the social sciences, as well as from the practical perspective of a clergyman, and to make a tightly woven apology for the Christian faith. Again and again he comes back to Jesus Christ as the epitome of a genuinely human existence, i.e., minus the neuroses, inner conflicts, and inconsistencies of the rest of us who fall far short of achieving the abundant life. His argument is based on three propositions about Jesus: "that Jesus was a man who really lived; that we have sufficient reliable information about him . . . and that in him we see the reality of our own being and of our destiny."

The author cites "forgiveness" and "grace" as two dimensions that the Christian can add to the sphere of the psychiatrist. These two are not only necessary to complete the picture in theory, but they have great healing significance as well. He does not allow modern theorists to discard historically tested principles and practices without putting up a good fight. He takes sharp issue with Freud's interpretation of the Oedipal situation

on the grounds that "We are familiar with one pattern of the family and tend to generalize from it . . ." In Biblical lands as well as in many parts of the world today, the sons became partners with the father "whether it be for fighting or for farming." The more sons the better. They married very young and lived in a large tribal family with uncles, sisters-in-law, etc. So our closely knit one-family-per-house pattern can hardly be considered universal. In like manner he attacks other questions of the psychological significance of human existence and relationships. He deals with the factors of fear, frustration, and resentment, showing the need for the personality to grow amidst and through tribulation to achieve true human freedom. In some ways he seems a protagonist for the status quo, but his chapter on "The Courteous Rebel" shows his grasp of the prophetic role of religion and the creative non-conformity of Christ, working redemptively within the social orders of society.

Here is a book to make the pastor rethink his theology and to work on a deeper level than is often typical of activist Americans. The pastoral counselor and chaplain will come away with a clearer understanding of the uniqueness of their roles.

DAVID BELGUM

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Readings in the Psychology of Religion: Edited by Orlo Strunk, Jr.; Abingdon Press, New York, 1959. 288 pp. $4.50.

The editor of this volume has attempted a courageous piece of work, assembling in one place selections of what he terms "classical" psychology of religion, which have historical relevance and contemporary applicability. Three criteria for selection were utilized: (1) Does it contribute to classical psychology of religion? (2) Is it provocative, original, and/or stimulating? (3) Is it inaccessible in the average college or university library for students in the field? He admits that this has been an "excruciating" job, to determine what to include.

This reviewer has mixed emotions about recommending or rejecting this volume. For the average pastor much of this material would seem to be samplings or fragments when what he may want is something more thorough-going. For the student of psychology of religion (classical or otherwise) there are significant articles and excerpts pointing the way to further study. For the "professional" in the field this compilation offers the opportunity to come to grips again with the fundamental assumptions of the psychology of religion and to wrestle with a body of knowledge which has produced a new group within the structure of the Church who are interested in the meaning of religion for individuals.

There is a bit of unevenness in the quality, but the author's own contribution, "The Present Status of Psychology of Religion" (1957), together with Seward Hiltner's classical "The Psychological Understanding of Religion" (1947) and O. Hobart Mowrer's "The Unconscious Reexamined in a Religious Context" (1957) are all worthy of serious rereading. The three articles included in Chapter VI, "Method and Research," are dubious entrants in the arena of psychology of religion.

C. CHARLES BACHMAN

An Evaluation of Present Methods for Selecting Postulants in the Episcopal Diocese of Massachusetts: Gordon W. Allport and Rollin J. Fairbanks; Diocese of Massachusetts, Boston, Mass., 1953. $1.00.

Although this study was initiated several years ago, this report remains an important document. The selection of ministerial candidates is slowly becoming a reality in most of the major religious denominations, but the research is slight and mediocre. This study, inaugurated by The Right Rev. Norman B. Nash, represents the cautious work of qualified lay and ecclesiastical leaders. Its specific importance, of course, is in the accepted process of selecting candidates for the Episcopal ministry in the Episcopal Diocese of Massachusetts. However, these workers have hit upon the crucial problems facing any religious body contemplating a more empirical and scientific selection procedure.

The committee's report contains a recommendation for three examinations:

1. By a physician who would follow the established physical examination questionnaire;
2. By a psychologist who would employ recognized projective and other relevant testing materials.
3. By a clergyman familiar with psychodynamics as well as with the types of service within the Christian ministry.

Should any of these examinations reveal or suggest possible impediments, it would then be within the discretion of the bishop to require an interview by a psychiatrist, such interview to be directed specifically toward the areas of possible difficulty. These recommendations are significant ones for all religious denominations, for they stress broad and varied evaluation and make an explicit and lucid differentiation of the psychological and the psychiatric evaluation. This distinction must certainly be recognized in any approach to ministerial selection.

Denominations, conferences, and committees now considering the initiation of a valid selection process for its clergymen would do well to start with this document.

ORLO STRUNK, JR

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Handbook of Church Management: William H. Leach; Prentice-Hall, New York, 1958. 504 pp. $6.25.

The author of this book is well known as the editor of the magazine, *Church Management*. He has written several books on church administration, publicity, finance, and a large number of other subjects in practical theology.

In this latest book Dr. Leach essays an almost impossible task, that of providing a reference work on the administration of the local church, its service, music, church school, pastoral ministry, parish organizations, and lay evangelism.

The chapters on administration cover such a diversity of topics as

church polity; the corporate structure of churches; multiple ministries; the site, erection, maintenance, and equipment of church buildings; budgets, finance and public relations. Bibliographies are found at the end of many chapters. It is illustrated with a large number of charts and forms.

As a "handbook" this volume has both values and disadvantages. Uncritically and without interpretation, it packs a great deal of information in relatively few pages. It does so at the risk of oversimplification and omission. For example, the chapter on "The Church School" gives a history of the origin and development of the Church School, describes staff duties, the organization of each department, equipment, audio-visual aids, religious drama, summer camps, and church school worship!

For the young minister who is not a seminary graduate, such a handbook may possess value. For the seminary-trained clergyman who has had several semesters of study under specialists in most of the fields covered in this book, it would necessarily be regarded as elementary. For, obviously, no book short of an encyclopedia could be expected to cover adequately such an extensive range of subjects, nor could one writer be expected to possess the knowledge to write authoritatively on each of them.

There is a definite need and place for a book on the aspects of church management such as are covered in the first half of Dr. Leach's book. One wishes, however, that he had extended his treatment of these matters on which he is an authority, and that he had left liturgics, Christian education, counseling, and other aspects of the pastoral ministry to scholars in those fields.

CHARLES U. HARRIS

Mental Health Manpower Trends: George W. Alice; Basic Books, New York, 1959. 361 pp. $6.75.

This is the third volume to come from the Joint Commission on Mental Illness and Health. It presents in well-documented, lucid, and penetrating fashion one of the crucial concerns among mental health workers—the lack of trained personnel to deal with our nation's number-one health problem. That this is so, how it is so, and why it is so, are the basic questions which form the heart of this study. The author is frank to admit that motivation is one of the reasons such serious lack of qualified trained personnel is to be found among the helping professions. Hence this study automatically becomes the concern of the pastor who is conscious of his teaching and evangelistic mission.

The bulk of this study concerns itself with the major professional groups active in the field of mental health—the psychiatrists, nurses, psychologists, and social workers. However, a very helpful chapter deals with the related professions and, though only most cursorily, it does point significantly to the role of the minister in mental health. There is also an excellent chapter on "The Crisis in Education," which comes to grips with some of the basic issues at the center of any program of intelligent remedial action. A preface entitled "Staff Review," by the Joint Commission's Project Director, Dr. Jack R. Ewalt, serves as an extraordinarily helpful broad outline of the major areas of the study.

This volume demonstrates again the outstanding contribution being made by the Joint Commission in its attack on our national mental health problem. With such competent, well-presented, factual, and interpretive studies available, we can begin to grow more confident that it is not impossible to deal more adequately with so complex a problem as our own mental health.

ERNEST E. BRUDER

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Voyage from Lesbos: Richard C. Robertiello, M.D.; Citadel Press, New York, 1960. 253 pp. $4.00.

Case histories are surprisingly rare in the literature of psychoanalysis. There are many reasons for this. Since the data of psychoanalytic sessions are so voluminous, they must be condensed, and in doing this one must select the material to be presented. This poses the difficult problem of organization and the minimization of focus on the data which support the writer's theoretical predilections and preconceptions. The other difficulty is to make the verbal and non-verbal material readable, which, in some hands promotes a dramatic narrative which appears to progress consecutively, and which, while fascinating, is rarely an accurate account of the real work in therapy.

We are in great need of case presentations which present the data and the intricacies of the patient-doctor relationship, while not pursuing a particular theoretical conception. Some of the elaborate case material of the existential analysts comes close to this ideal.

Dr. Robertiello has attempted this difficult task and largely succeeded in presenting a well-documented thesis which supports a particular conception of homosexuality. His case history of a female homosexual is presented in terms of highlighting and condensing a large number of interviews in which the material is interpreted from a particular frame of reference. This he does very well in spite of the repetition and the questionable literary quality of the work. It is a task which is not easy and the author has done an excellent job in reducing the enormous detail to a minimum, while retaining a large measure of the atmosphere of therapy. Dr. Robertiello follows the plan of short chapters, each highlighting a particular element in the psychology of female homosexuality. This is done almost exclusively through the analysis of the patient's dreams. While this is not an unusual procedure, it is convincing only to the extent that one can accept the frequently oversimplified and forced interpretations of the sexually symbolic value of every element in her dreams. In this lies the weakness of the book and its attempt to conceptualize homosexuality. The author begins with a view of homosexuality which is in the traditional Freudian framework and interprets every event in the analytic work as a confirmation of this view, discovering evidences of primal scenes, oedipal conflicts, penis envy, etc. The interpretations are often strained, questionable, and squeezed to fit the material into his preconceived notions of personality development. The patient's life as presented in the book appears to revolve almost exclusively around her sexual interests, yet on page 217 the patient indicates clearly the nature of this error when she states that

much goes on in her living aside from her sexual interests in her parents, friends, psychiatrist, and the world. In a brief review, one hesitates to reinterpret the data presented in another light, but it is difficult to pass over the wealth of material pertaining to the patient's living other than sexual— such as her need to control and dominate her environment. Her grandiosity is manifest in her fantasies about heterosexuality which always involve men idealized and out of reach, like Frank Sinatra, Ernest Borgnine, Marlon Brando, and English Royalty. There are many elements in her living entirely unrelated to sexual matters which the author minimizes in pursuing *his* thesis on homosexuality. While such a procedure serves to perpetuate the psychoanalytic error in viewing data as evidence and confirmation of pre-existing points of view rather than as fresh material to be explored in whatever direction it might take, the book is a source of data which rarely comes to print. It will be valuable as confirmation of one thesis and the basis for a hardy attack on this concept, which will advance our knowledge of homosexuality. It could have been a much richer source of information had it presented more of the details of the interaction between patient and doctor and more data about how the patient lived, acted, and became involved in all her relationships. The need constantly to reaffirm a point of view weakens what could be a true contribution to the literature of psychoanalysis.

LEON SALZMAN

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The Living and the Dead—A Study of the Symbolic Life of Americans: W. Lloyd Warner; Yale University Press, New Haven, Conn., 1958. 528 pp. $7.50.

Though rather wordy and repetitious, this last volume of the Yankee City series is an enlightening anthropological study of some major values which govern American life. The special values here considered were first analyzed as symbol systems with multiple levels of public and private meanings, empirically found in a field study of a small New England coastal town. But they are presented here as general values, shared, recognized, or reacted to by large segments of contemporary American society. Hence, the book moves from the concrete, situational, and empirical settings of the field observations to a rather abstract level of general symbol theory, from individuals and small groups to large collectivities. It draws heavily upon historical antecedents to present symbol systems, and shows interesting transitions in meanings of symbols and signs.

What makes this volume particularly interesting to clergymen and religionists is its emphasis on sacred symbol systems, such as Catholic and Protestant doctrinal beliefs, rituals, liturgies, and cults; and symbolization of sexual roles and taboos in the various configurations of Christian deities; funeral practices and rites; the nature of sacred sacrifice in the Mass and the Lord's Supper, etc. It is rich in data, inferences, conjectures, and speculations. But many Protestant readers will also find it slanted in its heavy emphasis on Catholic practices and its syncretistic treatment of Protestant beliefs in which the finer shades of symbol meanings do not receive justice. Moreover, and this is curious for an anthropologist, more attention has been paid to what the sacred writings and the liturgical books

say than what the people actually do and think. Nevertheless, it is rich and rewarding.

PAUL W. PRUYSER

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A Man for Every Woman: Richard H. Klemer; Macmillan, New York, 1959. 193 pp. $3.95.

A long overdue answer to one of the most pathos-filled questions a pastor hears: "I want to get married, but how can I find the right man?" is presented here. The author, now Associate Director of the American Institute of Family Relations, is not writing on "how to snag an unsuspecting male in ten easy lessons." Rather, he draws on a rich background of sound sociological research and psychological study and his own considerable experience in counseling single women to present a sound guide to heterosexual human relations.

Dr. Klemer contends that for every woman who genuinely *wants* to be married, who is willing honestly to examine her own motives, who will make a genuine effort to understand the "eligible male," and who is willing to expend unselfish effort to make herself "emotionally indispensable"—there is a man. As he puts it, "first look inward, then reach out." The book is frequently objectively frank about various aspects of our "bachelor culture" of both sexes in such a way as to encourage the reader to re-examine and re-affirm his (and her!) own values without being preached at. There is more here than just how to get along with men; sound psychological bases for a wholesome marriage relationship are also carefully detailed.

It is unfortunate that the title of the book may be a barrier to a wider readership. Chapter 4, "How Did They Get That Way," and Chapter 5, "Horray for the Differences," ought to be read by every parent. Chapter 8, "Making a Better Impression," is worth reading by anyone who wishes to make the most of his personality and still be genuine. Even the already married will gain increased understanding of themselves and their spouses from this reading. This book should be in every parish library.

ARTHUR H. BECKER

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Dying We Live: Edited by Helmut Gollwitzer, Kathe Kuhn, and Reinhold Schneider; Translated by Reinhard C. Kuhn; Pantheon, New York, 1956. 285 pp. $4.50.

Here is a new apocalypse. In this book are collected some of the letters, meditations, or diaries (or excerpts from the same) of the men and women who, resisting the tyranny and injustice of the Nazi terror or suffering as its victims, were executed between 1933 and 1946. What do men think when they are imprisoned? How do they pray? And when they know that in days or even minutes they will die, with what emotion do they face death? With what feeling do they glance back at life? What last messages do they transmit to their families or compatriots? This book proves that latter-day martyrs die as well and as fruitfully as any in the first century. *Dying We Live* can be for some, therefore, a source

of spiritual inspiration and power, learning from those whose faith was tested the assurance which is given that it is possible to triumph and be joyful in what seems to be ultimate tribulation. For others here is a source-book for the study of spiritual data relating to the acceptance of life with all of its conditions, not the least of which is man's finitude. And for chaplains and others working with military personnel it can illustrate the possibilities of living up to the Code of Conduct and point the way to the only effective antidote to brainwashing.

GEORGE E. THOMAS

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Psychological Stress: Irving L. Janis; John Wiley and Sons, New York, 1958. 439 pp. $6.95.

This book is the report of an intensive psychoanalytic study of the nature of the psychological stress reactions of patients about to undergo surgical procedures. One patient was studied very intensively and the findings reported in detail. Several other patients were interviewed briefly, and pertinent findings and hypotheses are reported. The importance of careful preparation for operation is emphasized, enabling the patient to reduce "emotional excitement to a moderate level so that the work of worrying can be carried out more effectively and brought to successful completion." Both very high and very low anticipatory worry before operation seem undesirable. Anyone who works with pre-operative surgical patients will find much of interest in this book.

DANA L. FARNSWORTH

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Preaching: The Art of Communication. Leslie J. Tizard; Oxford University Press, New York, 1958. 106 pp. $2.25.

This work by an eminent English minister is a fine contribution to the study of preaching from the psychological point of view, or, as we might say, to the study of homiletics from the point of view of communication. The author's thesis, based upon a study of the purpose of preaching, the personality of the preacher, and the psychology of communication, is well stated in a quotation from Richard Baxter: "In preaching there is intended a communion of souls . . ."

The reader will rejoice in the materials here presented and he will wish only that there were more of them. The author writes with more than a speaking acquaintance with the principles of dynamic psychology, J. A. Hadfield and Henry Guntrip being his leading lights. His application of some of these principles to the personality of the preacher and the problem of preaching constitutes a fresh approach to homiletics and reminds us, as we must be reminded, that communication in preaching is more than a matter of speech and rhetoric. Tizard shows that what a preacher does with a subject is to be seen in relation always to what he does with a congregation, and that unconscious negativities in both the preacher and the listener have a profound bearing upon communication.

The strength of the book lies in its conception of preaching as a pastoral function; but this theme is incompletely developed. The vexatious problem of reconciling "prophetic" preaching and "pastoral" preaching is introduced

but the author, due to his untimely death at the age of fifty-five, never wrote his projected chapter on "The Preaching of Christian Ethics." As in the case of the late David Roberts, the church lost through the death of Leslie Tizard, not only the gifts of a persuasive preacher, but also the wisdom of a reliable guide in the no-man's-land which lies between pastoral theology and homiletics. The reader will be grateful for seeing, with the help of this book, the outlines and some of the details of an area which needs more exploration, and he will be pleased with the clear, frank, and sympathetic writing of a guide who not only points us in a promising direction but takes us more than a little distance on the way.

EARL H. FURGESON

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Cities in Crisis: Dennis Clark; Sheed and Ward, New York, 1960. 177 pp. $3.50.

A case can be made for upholding our cities as the greatest contemporary missionary frontier. As the forces of technology and industrialism make Western values more and more urban (and, perhaps, less and less Christian), representatives of all branches of Christendom are seriously wrestling with the issues which confront the Church in such an environment.

This book is a valuable Roman Catholic contribution. Dennis Clark is a specialist in housing and racial problems working with the Commission on Human Relations of Philadelphia. He vividly presents the types of problems the urban environment presents to the Christian community, and what type of persons are products of and bearers of these problems. He does scant justice to the work of any Protestant communions in their efforts in the city, feeling that they do not have a strong enough social concept of the Body of Christ to make a significant dent. But he ends up, in his program for action, involving ascertainment of the facts, education and "living witness," where all non-Roman workers in the field also end up: a deeper (and higher) view of the role of the parish as a cell of the Body of Christ, as opposed to a mere geographic institution, and an active, vital ministry of the laity. Given the tight institutional form of the Roman communion (particularly as exercised in our urban constellations), Mr. Clark is indeed calling for a revolution.

The best portions of the book deal with describing the crisis, and the history of our developing urbanism; the weakest part is how we may make operative a program of action. For all interested in this major challenge to the Church, this is a good book to have on the shelf.

WILLIAM B. SPOFFORD, JR.

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Sigmund Freud and the Jewish Mystical Tradition: David Bakon; D. Van Nostrand, New York, 1958. 326 pp. $5.50.

This engaging volume attempts to explore the cultural and historical forces which influenced Freud in his epochal discoveries of psychoanalysis and its wide applications to human knowledge. The author uses Freud's own technique of free association and the translation of what is considered unconscious material but draws on the most tenuous associations and far-

fetched verbal symbols to develop his thesis that psychoanalysis arose out of the matrix of Jewish mysticism. While it is a fascinating thesis and contributes much to the understanding of Freud's own cultural heritage, it is most unconvincing in its attempt to draw parallels and establish direct lines of relationship between psychoanalysis and certain mystical ideas. The stretching of associations was both Freud's genius and his major weakness. This book, while an adventure in Jewish history, attempts to document a most significant hypothesis by stretching a technique which is in itself open to some question. The author undoubtedly goes further than Freud, who was a grand adventurer himself, would have dared to go. It is, however, a most interesting account of the times and issues regarding Jewish thought and culture which undoubtedly had some significance for Freud and upon his work.

LEON SALZMAN

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Efficient Church Business Management: John C. Bramer, Jr.; Westminster Press, Philadelphia, 1960. 150 pp. $3.50.

We have here a very helpful book for all who have responsibility for church management. The clergy will benefit by it, but the lay officers should be required to read it. Business men serving the church sometimes "fail to recognize that where a profit-*making* corporation is a money-*making,* asset-accumulating organization, the non-profit corporation is a money-*spending,* service-producing organization." All the money a church receives should be spent for its program. "A deficit is embarrassing," Mr. Bramer writes, "but a surplus is tragic!" If there is a surplus, the program should be enlarged.

But in the spending of all the income there should be businesslike procedures and accounting. Methods, adapted for church use, are fully outlined with examples of forms and charts. Chapters describe budgets, purchasing, insurance, maintenance, salaries, and promotion. There is an interesting method of determining the minister's salary and the relation of other compensation to it. "Abolishment of the practice of providing a manse for the minister would benefit both the church and its minister," says Mr. Bramer. "The minister should be free to choose a home that meets the requirements of his family and that will not be just an extension of the church."

GABRIEL FARRELL

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Character Disorders in Parents of Delinquents: Beatrice Simcox Reiner and Irving Kaufman, M.D.; Family Service Association of America, New York, 1959. 179 pp. $2.75.

The authors present this book following five years of research in the area of juvenile delinquency. They have been able to sort out the psychological dynamics of the parents of the delinquents under study, and they have concluded that a majority of these parents fell into the category of impulse ridden character disorders. The book describes the dynamics of the disorders and the treatment techniques.

Case illustrations sharply clarify the etiology and manifestations of these disorders and the dynamics of therapist-client interaction in the treat-

ment process. Care has been taken to point out methods of treatment, pitfalls to be avoided, and a realistic appraisal of the demands of time and patience these people make upon a therapist.

Although the book is geared primarily toward therapy through case work, it has real meaning for the clergyman who, almost daily, finds himself confronted by parishioners who are typical of these character disorders; those who are overly dependent; those who alternately seek help and then withdraw; those with confusion as to their parental roles; those who are unable to cope with problems of their children; all of whom have not yet reached their adult psychic maturity. In the cases cited, it becomes clear that long-term treatment extending over a period of years is indicated.

Therefore referral of these people to a case worker or other therapist is certainly indicated unless a clergyman finds himself with an abundance of time for a problem—character disorders—which "represent the most serious social problem in our country," economic, social, physical.

However, the referral to the case worker does not mean the withdrawal of the clergyman from the family problem. As Mrs. Reiner and Dr. Kaufman point out, people who are impulse ridden often need help from more than one person at a time. Here, however, it is important that the people working with the client communicate, so that treatment can move ahead constructively and not at cross purposes.

Too, the book presents such a sharp picture of what case work is about, a picture so often clouded by the client's report of an interview situation, that it should be helpful to the clergyman's understanding of the process of case work therapy, and be helpful in his judgment of the reality situation.

In dealing specifically with the problems of juvenile delinquency the authors point out that it is advisable to involve both parents and their child. "No one doubts that treatment of juvenile delinquents is far more likely to be successful if the parents are included in the treatment process."

The authors do not stop with the diagnosis and treatment of character disorders but proceed to offer a challenge to the larger community—a challenge of immediate concern to clergy. They recognize the need for improved social conditions and for taking into account in community planning the interconnection between these social and the psychological factors.

They recommend a co-ordinated community program to help families with members suffering from character disorders—and, although they unfortunately do not list clergymen, certainly clergy must be involved in this program along with "educators, judges, police officers and librarians."

RUTH D. KHIRALLA

OUR REVIEWERS

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NEWS AND COMMENTS

The Association of Mental Hospital Chaplains encompasses clergy of the three faith groups. Present membership numbers over five hundred clergy, most of whom are active chaplains in ministry to the mentally ill in this country and in Canada. Annual dues are $5.00. There is a $5.00 initiation fee for new members.

The fourteenth Annual Convention of this Association will be held in Chicago, Illinois, May 8-12, the same week in which the annual meeting of The American Psychiatric Association is held. For a registration fee of $1.00, members of A.M.H.C. are eligible to attend most sessions of the A.P.A.

It is not necessary that a clergyman be a full-time mental hospital chaplain in order to participate in membership activities either at regional or national levels. Further details can be obtained by writing Chaplain Henry H. Wiesbauer, President-Elect, Box 288, Westboro, Massachusetts.

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Applications are being received for appointment of qualified clergy scholars as Fellows in Theology and Psychiatric Theory in the Education Department of the Menninger Foundation for the period beginning July 1, 1961. During the present year the following persons are in residence as Theological Fellows: The Rev. Noble L. Butler, B.D., Southwestern Baptist Theological School, candidate for the Ph.D., Boston University, whose research topic is "The Role of Hope in Christian Theology and in Clinical Psychiatric Practice"; the Rev. Robert Kelly, S.J., S.T.D., Gregorian University, Rome, Instructor in Moral Theology, St. Mary's College, St. Mary's, Kansas, whose research topic is "The Concept of Responsibility in Moral Theology and Clinical Psychiatric Practice"; and the Rev. James Lapsley, B.D., Union Theological Seminary, Richmond, Virginia, candidate for the Ph.D., University of Chicago, whose research topic is "Theories of Illness and Health in Theological Studies and in Psychiatric Practice."

Inquiries and requests for application blanks should be sent to the Rev. Thomas W. Klink, Coordinator of Graduate Studies in Religion and Psychiatry, The Menninger Foundation, Topeka, Kansas.

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The Commonwealth of Massachusetts through its Division of Alcoholism (739 Boylston Street, Boston 16) has published an excellent *Classified and Alphabetical Directory of Agencies Serving Alcoholics and Their Relatives, in Massachusetts.* It is to be hoped that other states will issue similar directories.

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The Academy of Religion and Mental Health held its Second Annual Meeting at the Hotel Biltmore in New York, January 18-20, 1961. More than 1500 physicians, psychiatrists, psychologists, sociologists and clergymen of the three major faiths attended. Featured speakers included Drs. Karl Menninger and Rollo May. Commissioner Anna M. Kross and Justice John M. Murtagh discussed alcoholic and drug addiction.

The Commission of the Church's Ministry of Healing, Diocese of Massachusetts, held its Clergy Workshop on the Ministry of Healing at Lasell House, Whitinsville, Massachusetts, February 1-3, 1961.

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The World Federation for Mental Health will hold its Sixth International Congress in Paris, August 30-September 5, 1961, in conclusion of its program for World Mental Health Year. An attempt will be made to summarize the present state of knowledge in each of several fields.

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The Nineteenth Annual Session of the Yale University Summer School of Alcohol Studies will be held from June 25-July 20, 1961. Information may be obtained from the Registrar, Yale Summer School of Alcohol Studies, 52 Hillhouse Avenue, Yale Station, New Haven, Connecticut.

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Tensions—and How to Master Them, a condensation of a book by George S. Stevenson, M.D., and Harry Milt, has been issued as a 28-page Public Affairs Pamphlet. It offers helpful advice and information if you worry a great deal of the time, if you fear new situations and new people, or if you suffer from feelings of inferiority, inadequacy, and doubt. It also describes the danger signals of tension, its causes and its remedies. Published by the Public Affairs Committee, Ind., 22 East 38th Street, New York 16, the price is 25 cents.

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Among Public Affairs Pamphlets which appeared in 1959 and 1960 are *Group Methods in Therapy* by Jerome D. Frank (No. 284); *What Makes a Marriage Happy?* by David Mace (No. 290); *The Only Child* by Eda LeShan (No. 293); *Blindness—Ability, Not Disability* by Maxine Wood (No. 295); and *Private Nursing Homes* (No. 295). These pamphlets may be obtained from the Public Affairs Committee, 22 East 38th Street, New York 16, for 25 cents each.